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ABSTRACT

This report discusses the need for an alcohol and drug use prevention program at the University of Michigan and presents findings from a task force that was established to investigate the problem of student alcohol and other drug use and identify areas where priority should be given for action. The opening section of the report presents the overall task force findings, the principles that underlie the recommendations that were made, and the major recommendations that need to be addressed that will shape the implementation process. This is followed by several sections that examine in more detail the specific areas or issues that affect multiple segments of the University, or that are likely to be especially controversial. Also included are more detailed recommendations about specific units, sub-units, University functional areas, settings, and populations that were presented in reports from the Prevention and the Identification and Intervention committees. The appendices include the reports from various prevention, policy, and university units, as well as transcripts of hearings that were held concerning the views of the university and the community. Contains an index. (GLR)

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A UNIVERSITY COMMUNITY APPROACH TO ALCOHOL AND OTHER DRUGS

PHASE ONE REPORT OF THE UNIVERSITY OF MICHIGAN TASK FORCE ON ALCOHOL AND OTHER DRUGS:

THE "ROLLICKING CREW" REVISITED

MAY, 1991

HE 025 411

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A University Community Approach to Alcohol and Other Drugs

Phase One Report of the University of Michigan Task Force on Alcohol and Other Drugs:

The "Rollicking Crew" Revisited

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May 1, 1991

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E Information on Incidents of Problems related to Use of Alcohol and Other Drugs, Reported by University Units (with recommendations about information system needs)

F Transcripts of Hearings to gather University and Community views, held on November 27, December 4 and December 11, 1989

G Position Paper: Alcohol & Other Drug Testing

H Focus Groups

Full appendices are available from: The University Initiative on Alcohol and Other Drugs, c/o Office of Vice Provost for Medical Affairs, M4101 Medical Science Building I, 1301 Catherine Road, Ann Arbor, MI 48109-0608, (313) 936-9333.

I. PREFACE

Sing to the colors that float in the light,
Hurrah for the yellow and blue!
Yellow the stars as they ride through the night,
And reel in a rollicking crew...

-- University of Michigan Alma Mater

Immoderate drinking has long been a distinguishing element of college and university culture. The tradition may extend as far back as the Goliards of the twelfth and thirteenth centuries, and was prominent in European universities by the eighteenth century. American colleges and universities followed their old world forbearers in this as in other traditions.

Romberg's well-known operetta, The Student Prince, is the quintessential musical expression of the exalted place of alcohol in academic culture. Though set in Heidelberg, it was written by an American and had its greatest success on this side of the water. A nontheatrical and strictly American example is the Stein Song of the University of Maine. In an earlier era it achieved nationwide popularity, perhaps because its explicit advocacy of drinking mirrored the national mood of the time. As much could also be said for Yale's well-known Whiffenpoof Song.

The alma mater of the University of Michigan affords an interesting contrast to these examples. It has never attained so great a level of general popularity, perhaps because it is more subtle. But it celebrates the same theme. No doubt the "rollicking crew" had been drinking.

The taking of drugs on any broad scale is historically a more recent phenomenon than immoderate drinking, but also has come to be an element of college and university life. Beginning in the late 1960s, drugs became symbolic of an alternative counterculture that resonated strongly with academic life. No single event demonstrates this more tellingly than the annual "Hash Bash" celebrated symbolically in the exact center of the University of Michigan campus.

Cultures do, however, change over time. The most impressive indication of altered customs with respect to the use of drugs has been the marked diminution of tobacco use. What was once widely approved and assiduously practiced is now increasingly limited and actively contained. Such a change certainly reflects a differing national mood that places a greater premium on health than ever before. But it required more than a change in mood to create a shift in cultural values and norms. A comprehensive and proactive program was essential.

The same change in national mood that has altered the use of tobacco could serve as a basis for similar alterations in the level of cultural support for the immoderate use of alcohol and other drugs. What is required is the same sort of comprehensive and proactive program. In the report that follows, the need for such a program at the University of Michigan is documented and recommendations are made as to how it might be initiated.

The Task Force believes that the implementation of the program recommended in this report should constitute the first phase of the University of Michigan's approach. Phase II, which is a proposed second step, would involve the development of additional recommendations on the incorporation of appropriate knowledge and skills in this area within the central University missions of research, teaching, and services.

The University of Michigan
University Community Approach to Alcohol and Other Drugs
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May 1, 1991

II. EXECUTIVE SUMMARY

The Task Force on Alcohol and Other Drugs was established in the Spring of 1989 to develop a comprehensive, University-wide strategic plan with regard to alcohol and other drugs at the University of Michigan.

A steering committee chaired by Vice Provost George Zuidema provided oversight for all Task Force activities, which were divided into two distinct phases. During Phase I, a 60- member Task Force was convened with representation from faculty, staff and students and structured into three committees -- Policy, Prevention, and Identification and Intervention. The Task Force focused on assessing the current level of policies and problems related to the use of alcohol and other drugs at the University of Michigan; recommending a set of comprehensive and coordinated University-wide policies and programs that promote a healthy and productive environment as well as meeting external requirements; and examining and recommending effective identification and intervention strategies for those members of the University community who have problems with alcohol and other drugs.

Planning for a second phase of Task Force activities began during Winter 1991. The goal for Phase II will be to institutionalize a University-wide approach to alcohol and other drugs for all three components of the University's mission -- education and curriculum, research, and public service.

SCOPE AND TYPES OF PROBLEMS

The information collected by the Task Force from multiple sources confirms that there is a significant problem with alcohol and other drugs at the University of Michigan. Indicators of problems were varied and came from multiple sources within the University.

The most substantial costs to the University arise primarily from alcohol consumption, although there are recurring problems with other drugs. University policies are inconsistent across units and groups, and absent altogether in some areas. Major problems related to the use of alcohol and other drugs appear to be the result of these inconsistent policies, a lack of comprehensive prevention programming activities, and serious gaps in treatment options for those experiencing problems, especially for students. Although the least well served if they are experiencing problems, students are the only group receiving any systematic prevention programming. However, this is focused heavily on the individual level and its effectiveness has not been demonstrated. There is no comprehensive prevention program for any group within the University.

BASIC PRINCIPLES

Informing the Task Force's recommendations is a philosophical framework that recognizes that the University of Michigan is a community with a responsibility for providing an environment conducive to the growth and development of all its members. In turn, all University community members, whether students, faculty, or staff, should respect each others' rights, health, property and participation within the community since behaviors occurring within one segment of the University community may exert an influence on the behaviors and well-being of others.

As in any true community, mechanisms should be established to develop and sustain community-wide behavioral standards - norms - that allow for the accomplishment of mutual goals, including the growth, development and effectiveness of all its members. An effective system-wide plan would incorporate comprehensive and consistent policies, prevention programs, and identification and intervention programs that are based upon on clearly stated and widely shared principles delineating mutual rights and responsibilities, and a wide range of accessible programs for the community as a whole as well as for particular high-risk groups and settings.

These principles emphasize that the application of policies and procedures across University groups - students, staff and faculty - should be consistent and equitable. At the same time, there must be a rational relationship, or "nexus," between the application of the policy and the role of the person within the University. The University is not defined by geographic boundaries, but by the presence of members of the University community and their activities. An overriding principle is that assistance should be the University's usual response to those experiencing problems with alcohol and other drugs and made equally available to all University groups. The University community should act when confronted by problems with alcohol and other drugs in such a way that membership in the University community is preserved whenever possible.

In addition to these basic principles, the Task Force has developed specific guidelines on various relevant matters that could be used by individual units to prepare policies and procedures that are consistent with both the basic principles and their particular circumstances. Among the guidelines the Task Force recommends are the following general statements about specific substances:

Alcohol:	Abstinence, as an option, is supported and never discouraged. While moderate, legal alcohol use is accepted, the drinking of alcohol is never actively encouraged. Excessive use of alcohol is always discouraged.

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	Illegal behaviors involving alcohol (e.g., underage drinking, drinking and driving) are not acceptable. Stricter standards of alcoholic beverage use apply as appropriate to specific settings or tasks.
Tobacco:	Smoking and other use of tobacco is discouraged, and is not acceptable where its use is prohibited by law or is harmful or offensive to others.
Illicit drugs:	Possession, sale, and use of illicit drugs is not acceptable.
Other drugs:	Excessive or illegal use of prescription medications, controlled substances, or other legal drugs is not acceptable.

MAJOR TASK FORCE RECOMMENDATIONS

(1) A centralized University function should be created and charged with the responsibility for overall coordination of policies and prevention and intervention strategies on alcohol and other drugs as well as on-going assessment of their effectiveness. The centralized component should reside at the highest levels of the University in order to have the authority to formulate and implement institutional-level policies and programs.

The centralized component would be comprised of a Policy Council for Alcohol and Other Drugs which is charged with responsibility for overall policy development and decision making, staffed by a Policy and Program Coordinator, and including individuals in the University community with technical and professional expertise in alcohol and other drugs; an information system; and a series of implementation and coordinating groups.

(2) An information system should be developed to identify problems and evaluate the effectiveness of policy and programmatic changes and prevention activities, as well as to track incidents related to the use of alcohol and other drugs and their consequences. This should be augmented by a comprehensive survey of the entire University community conducted at periodic intervals.

(3) Comprehensive and consistent policies concerning alcohol and other drug use should be adopted across all units within the University.

(4) Policies should extend to all activities for which the University might be legally liable, to all persons on University property, to all members of the University community at events sponsored by University agencies or organizations, and to the activities of all organizations officially recognized by the University administration.

(5) All major units, subunits, and relevant groups within the University should be encouraged to adapt the principles, guidelines, rules and procedures specified in this report to their own circumstances in a way that is consistent with overall basic policy. Any modifications proposed should be reviewed by the Policy Council for their compatibility and consistency with the basic policy principles set forth in the Task Force report. If the unit does not propose modifications within a specified period of time, the general statements of policy for the University in this report should apply for that unit.

(6) A comprehensive prevention plan and program should be developed for the University. This plan should target all three University groups - students, faculty and staff - and should include multiple strategies, with some programs targeting the entire University community while others target particular settings, high-risk behaviors and subgroups. The Prevention Program should address macro- as well as micro-levels of activity.

(7) A range of identification and intervention options should be made readily available for all University community members - students, faculty and staff. Each University unit or subunit should a) develop mechanisms for identifying those having difficulty -- those whose use of alcohol and other drugs either interferes with their own performance or violates community norms and standards and b) create appropriate procedures for effective intervention that are consistent with overall University guidelines. It is especially important to identify a locus of responsibility for responding to alcohol and other drug-related problems in each unit.

(8) The usual institutional response to a person experiencing problems in either performance or consistency with key community norms should be the provision of assistance with problems identified, with a clear statement of procedures and consequences should these problems continue.

(9) Several types of training programs need to be developed, updated as needed, and implemented at appropriate intervals. These programs should include information on key policies and recommended practices (i.e., serving and selling), principles of comprehensive prevention and information on available intervention resources and how to access them, and skills and knowledged needed to recognize and accurately record what is needed for the information system. Training programs for supervisory and administrative staff as well as others in key positions should be regularly implemented to facilitate early identification and referral of individuals with problems.

(10) The University should adopt consistent minimum standards for insurance coverage for problems involving alcohol and other drugs in all insurance plans, to be coordinated centrally. Special attention needs to be paid to the insurance coverage of students. While those members of the University community with adequate health insurance (principally faculty and staff with some types of coverage) have access to an array of specialized treatment services available locally, the University should provide expanded facilitative services for students, in particular, assessment and referral services.

(11) The use of drug testing is not recommended, except as required by law or the NCAA, as part of a mutually developed recovery plan, or as part of pre-employment screening for some specific job classifications.

IMPLEMENTATION

Problems related to the use of alcohol and other drugs may well represent the single most important threat to the integrity of the University community. The use of alcohol, in particular, has been implicated in many high-cost incidents within the University community. Regrettably, the Task Force finds that the gap between the impact of the problems and the resources currently allocated to ameliorate that impact is significant.

A major function of a strategic plan is to operate from a set of goals consistent with other institutional goals, with mechanisms that help the institution to anticipate and prepare for new trends, opportunities, and challenges. The absence of consistent overall policies and practices hampers the University's ability to respond to external legal mandates and to seek resources for programming. Most critically, the gaps and inconsistencies in policies, practices and programs that the Task Force found are very likely to allow problems to develop and not be recognized until a crisis or significant disruption results.

The Task Force recommends that a Policy Council on Alcohol and Other Drugs be appointed and convened forthwith and that a Policy and Prevention Coordinator be recruited immediately to begin implementing Phase I Task Force recommendations. These steps will assist the University to comply with various legal mandates while furthering its own internal goals.

The Task Force believes that the cost of initiating these activities will be offset as the University realizes savings that result from the diminution of the adverse effects of alcohol and other drug use on the University community, including fewer costly incidents related to use of alcohol and other drugs. Improved relations between groups within the University as well as between the University and the Ann Arbor community should also result. These interactions have been adversely affected by imprecise or absent policies relating to alcohol and other drugs.

A University Community Approach to Alcohol and Other Drugs
Phase One Report of the Task Force on Alcohol and Other Drugs: The "Rollicking Crew" Revisited

May 1, 1991

III. REPORT NARRATIVE

A. The Task Force Charge

[The term "drug" as used in the charge includes alcohol and tobacco.]

In April 1989, University of Michigan President James J. Duderstadt approved the creation of a Task Force on Alcohol and Other Drugs to develop a University-wide strategic plan for dealing with the use of alcohol and other drugs.

Specific tasks assigned to the group were to draw on available knowledge (e.g. research, demonstration project results, programming at other universities and institutions) to:

- Evaluate the adequacy of existing policies and programs
- Identify and establish priorities for areas that need attention and development
- Recommend appropriate long and short-term goals to guide decision-making in the future
- Propose strategies and structures to address deficiencies and gaps, and to begin work towards long-term goals
- Identify the resources and leadership needed to achieve the goals, and possible sources of additional resources
- Focus on how proposed plans, policies, practices and programs can be integrated into all areas of the University, and with the work of other task forces (e.g., Campus Safety)
- Establish a mechanism for ongoing oversight of policy development, implementation and revision, as well as to facilitate appropriate communication and coordination among units.

The general goal of the Task Force was to think globally about the problem of the use of alcohol and other drugs and identify areas where priority should be given for action. Specific goals included developing a comprehensive plan that would ensure that the University:

- Responds to governmental regulations and guidelines with a clear set of policies and procedures
- Creates and sustains an environment that:

  - Promotes healthy and well-informed personal decision-making about alcohol and other drugs
  - Maintains peer norms and institutional practices that reduce the likelihood of excessive consumption or other destructive behaviors associated with drug use
  - Is free of drug-related personal, economic, or legal costs and problems.
- Provides its students and employees (in all job families of the University) with humane and effective assistance if they develop problems with drugs
- Assumes leadership in:
  - Preparing students for a future likely to include more and more sophisticated drugs and, drug-related social problems
  - Creating future leaders who will contribute to the solutions of these problems
  - Conducting the high quality and sustained research programs possible in a major multidisciplinary research university, including research programs for innovative programs for identification and treatment of individuals and substance abuse problems - students, staff and faculty
  - Offering or assuring access to high quality treatment programs
  - Avoiding the embarrassment and negative public relations of drug- related incidents or scandals.

B. Task Force Structure and Process

A steering committee chaired by Vice Provost George Zuidema provided oversight to the Task Force, which divided its work into two phases. The major Phase I goal was to develop a strategic plan for the University of Michigan covering all aspects of alcohol and other drugs. Activities included recommending a comprehensive and coordinated set of University- wide policies, programs, and activities that would promote a healthy and productive environment as well as meet external requirements; determining how to collect appropriate information on practices and problems associated with alcohol and other drugs; and examining and recommending effective identification and intervention strategies for those members of the University community who have problems with alcohol and other drugs.

Phase II activities, beginning in Winter 1991, will seek to develop strategies for institutionalizing a University-wide approach to alcohol and other drugs that encompasses all three components of the University's mission -- education and curriculum, research, and public service.

In conducting Phase I, the three Task Force coordinators worked with a sixty-member Task Force that included representatives from faculty, staff, students and the local community. To accomplish these activities, the Task Force:

- held public hearings,
- reviewed existing University internal policies,
- collected and reviewed policies and approaches from other peer universities and colleges,
- reviewed published literature,
- sponsored a seminar on approaches to prevention, and
- collected available information on incidents and consequences related to the use of alcohol and other drugs and how they were handled across University units, also reviewing the current mechanisms for collecting such information.

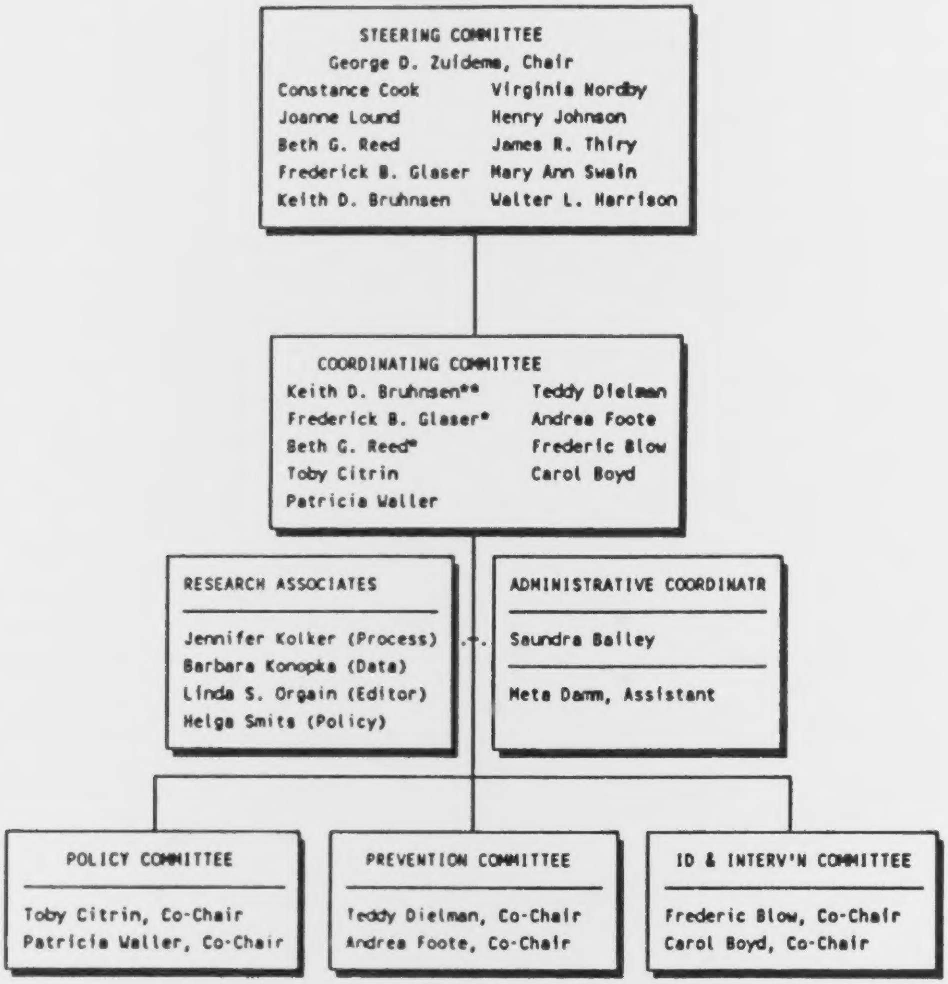
The Task Force was divided into three committees, each with two co-chairs: (1) Policy, (2) Prevention, and (3) Identification and Intervention. For the structural relationships between the elements of the Task Force, see the diagram on page 10. The Policy Committee identified areas in need of overall policies, debated various policy positions, and prepared drafts of policy statements and guidelines. The Prevention Committee collected information about current prevention activities across all segments of the University and reviewed them for evidence of adequacy and effectiveness. Based on this review, as well as a review of the empirical literature, the Prevention Committee developed a proposed framework for prevention at the University of Michigan. The Identification and Intervention Committee reviewed current approaches at the University for assessment and treatment of individuals experiencing problems with alcohol and other drugs and conducted a comprehensive review of the literature. The committee identified areas for improving intervention and identification through education, training, and the development of new programs. It also evaluated the adequacy of insurance coverage for faculty, staff and students.

Task Force representatives also regularly briefed various administrative groups and campus organizations on the progress and directions being taken by the Task Force.

C. The Structure of this Report

The opening section of this report presents the overall task force findings; the principles that underlie the recommendations; and the major recommendations that need to be addressed centrally and that will shape the implementation process. This is followed by several sections that address in more detail specific areas or issues that affect multiple segments of the University or that are likely to be especially controversial. Still more detailed recommendations about specific units, sub-units, University functional areas, settings, and populations can be found in the reports from the Prevention and the Identification and Intervention committees.

THE UNIVERSITY OF MICHIGAN
TASK FORCE ON ALCOHOL AND OTHER DRUGS
Organizational Chart - Phase 1 4/15/91



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D. Scope and Types of Problems

Data Gathering Efforts -- The most effective way to gather information on the levels and types of alcohol and other drug use across the University, including some information on the problems and consequences associated with such use, would be to conduct a comprehensive survey either of the entire University population or of a random sample of relevant groups and settings. Such a survey would require time to design, implement and analyze as well as requiring additional resources. The Task Force decided very early in its work that this option was not feasible during Phase I, since it would have seriously delayed the other work of the Task Force.

The Task Force thus undertook a data gathering strategy consistent with its major goals -- that of identifying and compiling available information on the problems associated with alcohol and other drugs as well as the consequences of such problems to the University. This strategy also enabled the Task Force to determine the information that was currently being gathered and the form in which it was recorded, and to explore what additional information might routinely be gathered and retrieved with little additional cost to individual units or the University.

Problems with Available Data -- The information currently being gathered in various University units is incomplete, often unclear, and highly variable in both amount and quality. This means that comprehensive and systematic data on alcohol and other drug use and related problems within the University are not available, or are not easily retrievable, either to measure the extent of current problems at the University of Michigan or to provide a baseline to assess the effectiveness of any policy or programmatic changes implemented in the future. However, available data do suggest substantial problems within the University arising from the use of alcohol and other drugs.

Findings -- The information collected by the Task Force from multiple sources (primarily from the Ann Arbor campus) confirms that there are significant problems with alcohol and other drugs at the University of Michigan.

- o The most substantial costs to the University arise primarily from alcohol consumption.
  - There are recurring problems with other kinds of drugs.
  - Current responses (policy, other forms of prevention, and intervention efforts) are not sufficient.
  - The major problems found appear to be in areas where there are gaps in consistent policy, programs, and enforcement, although the absence of systematic data greatly hampers drawing any firm conclusions.

Specifically, the University of Michigan has experienced significant costs and disruption in areas such as residence hall violations, consistent reports of damage to University charter buses as well as those that operate during evenings and weekends, risk management claims, theft and property damage.

The Department of Public Safety reported 289 alcohol and 61 controlled substances campus- wide incidents during 1990. Hospital Security Services alone reported more than $380,000 in alcohol or drug-related actual and reported property loss from 1987 to 1990. University Hospitals' staff were victims (e.g. theft, assaults) in 645 incidents during this time which were known or suspected to involve alcohol or other drugs.

In national surveys, 90 percent of college age students report using alcohol before reaching college and 40 percent report having used marijuana. Illicit drug use is much less prevalent than alcohol and has been decreasing, although students report that drugs are easy to obtain on campuses. Approximately 20 to 25 percent of students report excessive periodic drinking resulting in personal illness and injury, property damage, missed classes, sexual harassment, unplanned and unprotected sexual behavior, assault and battery and disruption to academic life.

All of these negative consequences are reflected in the information gathered at the University of Michigan, although it is virtually impossible to estimate the actual proportion of students involved. However, students attempting to recover from alcohol and other drug use report that this University is a difficult environment in which to do so, and the Task Force heard numerous stories about classmates who were in academic difficulty, had already left the University on probation, or were regularly disruptive to others because of regular inebriation.

As an employer, the experience at the University of Michigan appears to be similar to that of other educational institutions and employers. National surveys estimate that at least 10 percent of the workforce is experiencing problems with alcohol and other drugs, resulting in numerous personnel problems including increased absenteeism (double the average rate), risk management claims (twice as costly as claims unrelated to alcohol and other drugs), turnover, litigation, health care claims, and productivity problems. Decreased productivity, unit morale, and human potential also result from this problem.

Known problems among faculty are most often linked to alcohol use, although cases involving controlled substances are reported for those with ready access (i.e., health care professionals). For staff members, two-thirds of the reported cases at the University are alcohol-related and one-third involve various other drugs.

Significant numbers of individuals either report problems with use or seek assistance annually -- 20 percent (approximately 150) of cases seen at the Faculty and Staff Assistance Program (FASAP), 17 percent (approximately 230) of the student cases at Counseling Services and more than one hundred cases at University Health Services. Students are largely self- identified, and thus the numbers reported here are likely to underestimate the extent of actual student problems since many will not accurately perceive these problems or will be reluctant to report them. Staff tend to be identified either as a result of performance-based problems or because of a critical incident (e.g. reporting to work with the odor of alcohol on their breath); these methods are likely to detect more severe problems and miss those that are less severe. Cases among faculty appear to be the most under-identified except in units where academic administrators are knowledgeable about problems with alcohol and other drugs. For faculty, staff and dependents, Blue Cross and Blue Shield, the major University health plan that covers 40 percent of all University employees, reported nearly 450 separate claims annually for substance abuse treatment (in some instances, one person may have filed more than one claim).

Policies concerning the use of alcohol and other drugs at the University of Michigan are incomplete, inconsistent across units, and sometimes entirely lacking in specific University units as well as for the University as a whole. These policies often have been developed in response to legal mandates or specific problems, without sufficient attention to overall consequences of these policies and programs to the University as a whole. This has resulted in inequities across groups and job families within University settings as well as policies in some areas that are undercut by other, conflicting policies or the lack of specific policies.

The orientation of these policies often appears to be one of minimal compliance to external regulations rather than a clear statement of the University's goals and principles. In addition, existing policies are often inconsistent with the general principles for prevention of problems, promotion of health, and rehabilitation of individuals once problems develop. The absence of a centrally coordinated and consistent "voice" on the use of alcohol and other drugs has contributed to all these gaps and inconsistencies.

Prevention activities at the University are aimed chiefly at students and primarily focus on individuals, although some are focused on behavioral norms and procedures within residential units. Few prevention activities are geared for faculty, with the exception of access to basic health assessments. Other than a recently completed demonstration project, there is very little emphasis on health promotion and wellness activities for staff and faculty.

There is no clear locus of responsibility for identification of, or intervention with, students who have alcohol and other drug problems. Minimal levels of care are not available on campus. Inconsistencies between identification and intervention approaches for faculty and staff members were also found. Faculty experiencing problems are more likely to be overlooked; staff problems, while addressed, often are handled punitively. Currently, insurance policies available for faculty and staff vary widely in their adequacy, and those for students are highly problematic.

There also are inconsistencies in practices across different drugs. People who have alcohol problems are more likely to be dealt with in a humane manner, while people with other drug problems are dealt with severely. Ideally, comparable problems should be treated in a similar manner.

E. Basic Principles Underlying Task Force Recommendations

In considering its recommendations, the Task Force developed a philosophical framework comprised of nine basic principles. The use and misuse of alcohol and other drugs are viewed within the context of the individual's responsibility and concern for the University community, a shared understanding about what behaviors are desired and acceptable, the provision of humane assistance, and the facilitation of prevention and educational activities. The nine principles can serve as a basis upon which to establish institution-wide behavioral norms and standards, other preventive efforts, and assistance in order to create consistent norms and practices about use and overall to effect reductions in problems for individuals and the University. The nine basic principles are described below, together with illustrative examples of incidents or problems that their adoption would address.

The University as a Community -- Faculty, staff, and students at the University of Michigan are a community, in which each individual should respect the rights, health, property, and participation within this community of others. We all have an impact on each other; behaviors occurring within one segment of the University community may influence the behavior of other University members. The end result of problems with alcohol and other drugs should not be extrusion from the community except as a last resort.

Illustrative examples:

> Complaints from local neighborhoods and city officials about intoxicated student behavior reported to be disruptive and lewd; reports to FASAP by subordinates and students concerning physicians/dentists working with patients with the odor of alcohol on their breath; a faculty member at a retreat becoming alcohol impaired, disruptive to the group and preventing work from being done; citizen reports of University vehicles and staff at local bars during lunch hours.

Responsibility -- Just as individuals have a responsibility to the larger University community, the University has a responsibility to bring its various resources to bear on developing model policies and programs to address social issues and problems as they manifest themselves within the University.

The University's responsibility to students goes beyond classroom teaching and preparation within specific disciplines. It includes an obligation to provide an environment within which students can become better prepared for the decisions and societal responsibilities they will encounter throughout their lives. While the University is not responsible for the health and well-being of its students individually, it is responsible for providing an environment conducive to health and well-being, and for providing resources that will assist students to maintain their health and pursue their broader educational goals.

Similarly, the University's obligation to faculty and staff goes beyond the specific work contract, and includes providing a work environment that is not deleterious to health. Because of its long-term relationship with faculty and staff, the University will benefit from services that help maintain health and that identify and address early risk factors to health and safety.

Illustrative examples:

> (1) Except in residence halls, no established protocols exist to locate someone to take responsibility for a student identified with a problem, and no central services have a mandate to assess or assist students.
>
> (2) Although the University has conducted prevention activities for some students, little prevention activity occurs for faculty and staff members.

Comprehensiveness -- The creation and maintenance of an environment that promotes health and safety requires a comprehensive, integrated set of policies and programs, adopted across all levels and units of the University, for all groups within the University, modified to fit particular settings, responsibilities, cultural norms, and needs. A comprehensive strategy creates a synergistic effect -- a network of mutually reinforcing programs, operating from different sources, on different levels and expressing clearly communicated community norms, has the highest potential for success. For example, model prevention programs implemented in isolation from other programs, or only in some levels and locations within the University, have little chance of positively influencing behaviors.

Illustrative example:

> The University lacks guidelines on the use of alcohol at University events or in social situations. Some units have policies that differ markedly from other units (prohibition vs. no rules), while other units currently do not have a policy. There is little rationale for these differences.

The Relationship between Policies, Prevention, Intervention, Rules and Sanctions -- Federal, state and local laws and other mandates require policies and procedures in many areas that stipulate appropriate sanctions. The Task Force has incorporated attention to these existing mandates in its recommendations, and proposes mechanisms to anticipate and ensure compliance with future mandates.

The Task Force believes, however, that the University's overall mission and concerns go well beyond compliance with rules and sanctions imposed from external sources. Developing and sustaining community-wide norms and mechanisms for promoting health and safety are important components in a system-wide prevention plan. While mechanisms for defining and applying appropriate sanctions for rule violations are necessary, so is attention to the overall University environment. An effective strategic plan requires that clear and widely shared expectations about mutual rights and responsibilities be established, as well as a range of accessible educational and other programming for the overall community and for high-risk groups, taking into account the culture and needs of particular groups and units.

Similarly, overall policies and norms are strengthened by clearly articulated criteria and procedures for identifying and intervening when individuals or groups are having or causing difficulties related to the use of alcohol and other drugs. For some types of alcohol and other drug use, particularly vulnerable individuals may require clear interventions and sanctions imposed by the organization in order to recognize and accept that they have a problem.

Illustrative example:

> The University has implemented policies governing tobacco use in buildings, yet multiple units report violations. Units also vary widely in their support of smoking cessation programs and in ways violations are handled.

The decline in the use and acceptability of tobacco during the past 25 years is an example of how a change in cultural values can affect behavior. This change occurred through a combination of well disseminated information about risks, changing norms about its social acceptability, and laws and rules that regulate where and when smoking may occur. The problems the University is now experiencing with tobacco will require strengthening of rules, consistency across units, and the provision of assistance for those with severe problems. In contrast, the inconsistencies and gaps with regard to alcohol and other drugs are far more extensive and problematic.

Value of Norm Setting -- Within a community framework, mechanisms must be established to develop, reaffirm, maintain, and modify (as needed) community-wide, clearly articulated behavioral norms that allow for the accomplishment of mutual goals, including the growth, development and effectiveness of all members. Norms should include both expectations about overall mutual responsibilities and more specific guidelines for particular drugs and settings. Such mechanisms include:

(1) a clear statement of community norms by the leadership of the University,
(2) University-wide consideration of these norms to develop commitment to them and adapt them to the particular needs, procedures and culture of individual units and groups,
(3) regular review of the utility and effectiveness of these norms and related procedures to modify them based on experience,
(4) mechanisms for reaffirming key norms at regular intervals, and
(5) procedures for communicating and coordinating across units to maintain both optimal consistency and modifications useful for particular groups, settings and circumstances.

To these ends, the Task Force has created guidelines that stress the development of mechanisms to improve norm setting. Each individual University unit will be responsible for creating policies and procedures appropriate for its circumstances, within an overall set of rules and guidelines. The Task Force believes that regular reconsideration of the circumstances in which alcohol use may be acceptable will be a more effective regulator of use than more prohibitionistic or laissez-faire approaches. A complete ban can lead to efforts to circumvent the ban, increasingly punitive and legalistic efforts to enforce the ban and, perhaps most importantly, the decay of institutional procedures for regularly reviewing current practices. Such a review is necessary to establish, maintain and appropriately modify community, group, and personal standards.

Illustrative examples:

> The pattern of current policies on alcohol use ranges from total prohibition to total lack of attention, with great variability in the mechanisms for reviewing and approving requests for use of alcohol at an event. But policy enunciation is not the only mechanism for setting norms. They can be conveyed in informal ways (e.g., in jokes or via pictures of high-ranking University officials holding wine glasses). Other prominent examples of norm setting that promotes drinking are the ubiquitous designation of faculty and student gatherings as "wine and cheese parties." A study in one residence hall found that 44 different social games required drinking. Advertising in the Daily regularly associates alcohol use with recreation, sexual attractiveness and status.

//

Equity -- To the degree possible, there should be general consistency in the application of policies across University groups in similar situations, e.g. students, staff and faculty. At the same time, the principles of equity must recognize the cultural variability and specific needs of particular subgroups, for instance those related to demographic characteristics and/or particular risk factors.

Illustrative example:

> While several staff members have been discharged from employment for use or possession of alcohol, similar behavior among faculty members or students is not noticed or similarly sanctioned.

"Nexus" -- The consequences that may accrue to an individual's behavior -- both on and off University property -- should be related to the role, position, functions and responsibilities that the individual occupies within the University community. For example, it is reasonable to hold a high-ranking University employee to a higher standard of responsibility than an employee who does not have as high a rank. Similarly, one whose role has an effect upon the health and safety of others (i.e., a bus driver or health care professional) may be held to a higher standard of responsibility than an individual whose role does not directly affect the health and safety of others.

Illustrative example:

> With a few exceptions, the Task Force did not find evidence that the level of responsibility and risk was routinely assessed in determining expectations about behavior and related sanctions. In fact the risk of discharge is greater for a custodian who violates the alcohol policy than for a faculty member.

Reach -- Policies instituted with respect to alcohol and other drugs should include all persons on University property, members of the University community at University-sponsored events, and all organizations officially recognized by the University. However, procedures for detecting rule violations and applying sanctions should reflect a balance between the desire to achieve adherence to the adopted standards of behavior and the need to maintain individual privacy and autonomy and protect free speech consistent with the nature of the University.

Illustrative example:

> A great many situations and locations already have clear rules and mechanisms in place governing the use of alcohol and other drugs (e.g., University sponsored events, University facilities), but several areas have ambiguities that need attention, including:
>
> - Employment recruiters who use off-campus facilities
> - University units and organizations using non-University space
> - Non-University groups using campus facilities
> - Faculty and staff traveling and conducting university business
> - Greek functions

- Alumni Association sponsored events
- Groups formed to support athletic teams

Mechanisms need to be developed to address all of these situations in a generally consistent manner. This may include creative use of the University's indirect influence when the University is unable to set policies directly.

Consistency -- The approach to policy development and implementation concerning the use of alcohol and other drugs at the University of Michigan should be generally consistent with University approaches to other areas of policy development, among groups and situations that are similar. In addition, specific principles, rules, and sanctions developed at the unit level should be consistent with overall University guidelines.

Illustrative examples:

(1) Services for students with alcohol and other drug problems are scarce as well as the means to finance such care, although services for other medical problems are more available.

(2) Student advising and intervening with staff and faculty performance issues are handled in various ways by different units. An overall framework for these activities is needed, into which concerns related to alcohol and other drug problems are integrated.

F. Recommendations

Implementation, Planning, On-going Monitoring and Coordination

Although under the Task Force's recommendations much of the responsibility for creating and implementing unit-specific policies, practices, and programs would lie with each unit, many units are likely to need assistance with these tasks. Moreover, for efficiency and cost-effectiveness, many program components should be developed centrally and then modified as needed. Consistency, equity, and other principles would require central coordination and review. Moreover, those with relevant expertise are likely to be at various locations within the University; a central unit can locate and facilitate linkage development among these resources.

(1a) **A centralized University function should be created and charged with the responsibility for overall coordination of policies and prevention strategies on alcohol and other drugs as well as on-going assessment of their effectiveness. The centralized component should reside at the highest levels of the University in order to have the authority to formulate and implement institutional-level policies and programs.**

The first tasks of the system proposed herein would be to implement the recommendations of the Task Force as they are adopted. This plan would add two new staff positions, probably best located with the UM Substance Abuse Center, one of which might not need to be a permanent position.

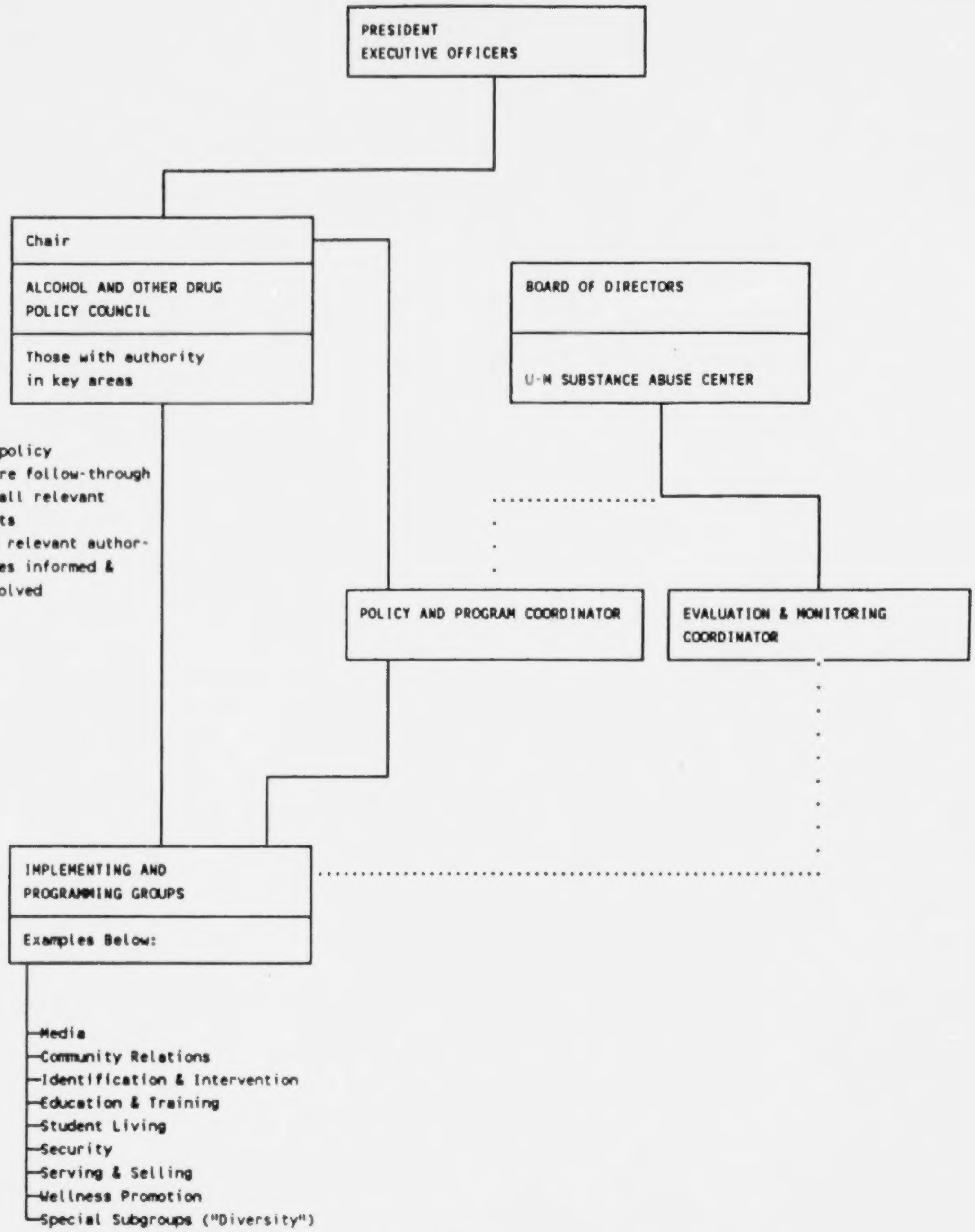
(1b) The Task Force recommends the following structure and mechanisms for on-going coordination of policy making and oversight, and coordination of programming to ensure consistency with the principles as outlined above.

(i) Policy Council for Alcohol and Other Drugs -- comprised of persons who have ultimate responsibility for policy development and decisionmaking in major areas of the University, plus several people with expertise related to alcohol and/or other drugs. This group would be chaired by an Executive Officer of the University, and would meet regularly to set policy, review progress and problems in implementing policies, and ensure coordination and consistency with basic principles. The Council should develop mechanisms for regular input from and communication with representative groups of faculty, staff and students who are representative of a range of disciplines, ethnicities, and lifestyles.

(ii) Policy and Program Coordinator -- reporting to the Chair of the Policy Council, this individual would have high-level skills in organizational assessment, consultation, coalition building and management, and advocacy. She or he would work closely with all elements of the overall structure and many units within the University to facilitate their work, help to identify and address problems, locate persons with relevant expertise, and facilitate assessment and monitoring of programs. She or he also would be responsible for anticipating policy mandates from outside the University, and working with relevant persons and groups to develop a response to those mandates that is consistent with the University's overall goals and principles. A key role would be facilitating grant writing and other means of locating resources for programming and surveying. This person might also serve as a "protocol consultant" concerning the serving and selling of alcohol to assist units in making decisions about the whether and how alcohol may be used in that unit (or this function might be assigned elsewhere).

(iii) A series of implementing and coordinating groups -- working with the coordinator, these groups would develop ways to carry out Task Force recommendations in various areas, exchange information, ensure coordination, identify and address problems, and participate in long-range planning. One of the implementing and coordinating groups should include representatives from each of the recognized off-campus student organizations, and Residence Hall advisors.

U-M TASK FORCE ON ALCOHOL & OTHER DRUGS
Possible Structure for Implementation
and On-going Coordination
April 12, 1991


PRESIDENT
EXECUTIVE OFFICERS
Chair
ALCOHOL AND OTHER DRUG POLICY COUNCIL
Those with authority in key areas
BOARD OF DIRECTORS
U-M SUBSTANCE ABUSE CENTER
POLICY AND PROGRAM COORDINATOR
EVALUATION & MONITORING COORDINATOR
IMPLEMENTING AND PROGRAMMING GROUPS
Examples Below:
Media
Community Relations
Identification & Intervention
Education & Training
Student Living
Security
Serving & Selling
Wellness Promotion
Special Subgroups ("Diversity")

Tasks: Set policy
Ensure follow-through in all relevant units
Keep relevant authorities informed & involved

Tasks: Develop & sustain norms consistent with philosophy
Exchange information
Ensure coordination
Identify & address problems (e.g. omissions, overlaps, discrepancies)
Coordinate long-range planning & response to external demands

(iv) An Evaluation and Monitoring Coordinator -- reporting to the Director of UMSAC, this person would help to set up a system for routine gathering of information about alcohol and/or other drug-related incidents and consequences and regularly summarize the information collected.

UMSAC would house and provide secretarial support and other resources for the two staff positions until its University supplied funding is depleted, at which time these arrangements would need to be renegotiated. Location within UMSAC would provide ready access to persons with the technical and scholarly expertise needed by the coordinator and various working groups to address particular tasks and problems.

Data Collection and Monitoring

The Task Force recommends that:

(2a) The University conduct a comprehensive survey at periodic intervals to assess the level of use of alcohol and other drug problems arising from that use, as well as the effectiveness of norm setting activities and other programming.

(2b) Data systems be developed or systematized in key areas of the University to identify incidents related to the use of alcohol and other drugs in order to:

- **(a) identify problem areas as they develop, and**
- **(b) evaluate the effects of policy and programmatic changes and other prevention activities.**

Policies

Current policies are incomplete and inconsistent, particularly for alcohol use. In addition, many settings and departments have no policies. Those that do exist govern facilities licensed to serve liquor, staff behavior, and student behavior within the residence halls. The Task Force's review of policies, as well as interviews with key informants about practices and problems suggest that:

(a) faculty are not sanctioned for violations or assisted with their problems very effectively;
(b) although staff probably are the most effectively assisted group, they also face the strictest (harshest) sanctions; and
(c) many underage students episodically engage in binge drinking, often more than once a week, and engage in high-risk behaviors and behaviors that are disruptive to other people. Overall, there is a noticeable lack of support and resources to assist students with substance abuse problems.

The difficulties in applying and enforcing sanctions for student and faculty violations undermines current efforts as does the absence of systematic prevention and health programming.

(3) **The Task Force recommends that comprehensive and consistent policies concerning alcohol and other drug use be adopted across all units within the University, and for all groups that are a part of the University.**

To this end, the Task Force has developed a set of principles and guidelines that, once centrally adopted, should be used by units to prepare policies and procedures that are consistent with their circumstances. Among the standards and guidelines the Task Force recommends are the following general statements about specific substances:

Alcohol:	Abstinence, as an option, is supported and never discouraged. While moderate, legal alcohol use is accepted, the drinking of alcohol is never actively encouraged. Excessive use of alcohol is always discouraged. Illegal behaviors involving alcohol (e.g., underage drinking, drinking and driving) are not acceptable. Stricter standards of alcoholic beverage use apply as appropriate to specific settings or tasks.
Tobacco:	Smoking and other use of tobacco is discouraged, and is not acceptable where its use is prohibited by law or is harmful or offensive to others.
Illicit drugs:	Possession, sale, and use of illicit drugs is not acceptable.
Other drugs:	Excessive or illegal use of prescription medications, controlled substances, or other legal drugs is not acceptable.

(a) Serving and selling alcoholic beverages

The University should support the adaptation by operating units of the sample guidelines and rules (See G-1) to their own circumstances providing they are consistent with overall policies on the use of alcoholic beverages on the University campus and at University events. Departments are encouraged to establish and regularly review norms and boundaries and to develop written policies related to the sale or serving and moderate use of alcoholic beverages at public or private events and settings in which University policy and external laws permit such consumption or sale. The use of alcoholic beverages is commonly to enhance sociability or in celebration of events. Decisions regarding the appropriateness of the use of alcoholic beverages and subsequent arrangements for their use must take into account the safety and health of those in attendance at events and within the institution.

Section G-1, Serving and Selling of Alcoholic Beverages, contains suggested guidelines for policies in these areas. These include consideration of the purpose, participants, location, length of time, time of day, etc. in deciding whether or not to have alcohol; suggested procedures for limiting excessive or illegal consumption, and intervening should such consumption occur; and mechanisms for central consultation, should questions arise. The guidelines allow for unit flexibility, while providing a balance between reducing institutional risk and protecting individual safety and health. Those guidelines denoted with an asterisk (*) are those that the Task Force believes must be strictly followed.

(b) Guidelines for advertising

The Task Force collected and reviewed existing policy guidelines and recommendations regarding advertising at the national, state, local and campus levels. These standards include a recommendation to limit or eliminate advertising for alcohol in all University publications (see Section G-2 -- Advertising).

(c) Reach of Policies

In recent years, the University has consciously avoided involvement in the activities of off- campus organizations. Yet it is clear that many of these organizations play an integral role as a part of the University community, and the official recognition of many off-campus organizations by the University would seem to acknowledge that role. Indeed, the University is one of the relatively few academic institutions currently following a policy of non- involvement.

The Task Force strongly believes that policy consistency across all activities of the University community, whether on or off-campus, is essential to bring about the desired reduction of alcohol and other drug problems. Consequently, it recommends that unit-specific policies consistent with the recommendations in this report be adopted by all organizations officially recognized by the University, whether on or off-campus. This would include fraternities, sororities, and other off-campus residential organizations that are recognized by the University.

The Task Force does not recommend that University security officers police compliance with policies in off-campus organizations. See G-7 for Guidelines for Safety. Organizations should adopt and enforce policies consistent with this report through their own administration, and evidence of good faith efforts to secure compliance with these policies should be a condition of continued recognition of the organizations by the University. In order to achieve the intended results of this recommendation, it will be necessary to revise the recognition process by involving the University administration in an annual review of the organizations' operations.

(4) **The reach of policies should extend as far as the University's legal liability for the behavior involved, and should extend to behavior of all persons on University property, to behavior by members of the University community at events sponsored by University agencies or organizations, and should extend to the activities of all organizations officially recognized by the University administration.**

The Task Force recommendation on the reach of policies also assumes that policies will extend to student non-academic conduct when on University property or as a part of University- sponsored activities. Indeed, current federal law requires such reach with respect to illegal drug-related activity.

Adoption of Policies

(5) **All major units (and subunits as specified by the major unit, or as suggested by particular responsibilities identified as important by the Task Force) will be encouraged to adapt these sample principles, rules, guidelines, and procedures to their own circumstances, consistent with the overall basic policy as adopted. Any modifications proposed should be submitted to the Policy Council to be reviewed for their compatibility and consistency with the basic principles and adaptions being proposed elsewhere. If the unit does not propose modifications within a specified period of time, the model statements and procedures proposed by the Task Force (unless/until revised by the Policy Council) would apply for that unit.** See Special Areas Sections G1-G7.

Prevention

The review of current prevention efforts and programming across the University yielded a patchwork of activities, most of them focused on students in different settings. The existing programs are largely educational in focus and target individuals, although there has been some norm and policy-focused work in residence halls and within the Greek system. Many policies and activities were developed as minimal responses to external mandates; resources to evaluate their effectiveness have been meager. Despite the notable efforts of some individuals and units, many gaps and problems were identified in current prevention work with students; programs targeting faculty and staff are even more limited.

The Prevention Committee has developed a framework of the multiple levels that must be addressed for effective and comprehensive prevention programming, based on a review of the literature, expert opinion, and programming elsewhere (see Table 1). The committee believes that preventive work should focus on developing and sustaining an environment that promotes healthy and mutually responsible behavior and activities, and not just on identifying problems or on sanctions for policy violations. Prevention program elements need to target the entire environment, with specific components for particular locations, peer groups, and sub-groups (focusing on norms, special issues, and key characteristics). Other components would target particular high-risk groups and settings. Regular education and skill development sessions should occur throughout the University community.

In order to develop information about what is effective within specific environments, systematic evaluation of how preventive work has been implemented and the ways it is or is not effective is imperative. The Task Force believes that outside funds are available to

TABLE 1

PREVENTION MODELS IDENTIFIED IN THE LITERATURE

	Causes of Inappropriate Use of Alcohol and Other Drugs:		Suggested Intervention Strategy:
(1)	Normative behavior within larger context	(1)	Change norms: o Adopt formal rules/regulations on availability (sellers/servers) o Change societal/institutional cues about use (e.g., advertisements)
(2)	Normative behavior within peer group	(2)	Change norms: o Adopt formal rules/regulations re when/where use is appropriate o Institute procedure for examining norms and comparing across groups
(3)	High availability	(3)	Reduce availability through changes in pricing, sales outlets, or qualifications necessary to purchase
(4)	Lack of desirable alternative activities	(4)	Develop alternatives: o Social events not centered on alcohol o Wellness interventions to help individuals develop healthy lifestyles
(5)	High stress	(5)	Develop alternative stress mgmt methods: o Stress management training o Develop healthier alternatives for managing stress o Reduce the causes of stress (esp. stressful work environment)
(6)	Low self-esteem;isolation from others	(6)	Personal counseling; organizational strategies to integrate isolated individuals or subgroups
(7)	Inadequate skills in decision-making or action-taking, resulting in high vulnerability to peer pressure	(7)	Skills training (e.g.,training in lower-risk behaviors; resistance training) Values clarification is also used in these programs
(8)	Inadequate knowledge or understanding of the dangers of use	(8)	Educational interventions: o Media publicity o Classes/seminars o Health promotion/wellness interventions

support much of this work if we move more fully into compliance with externally mandated guidelines and can devise approaches to evaluate the effectiveness of the various types of prevention efforts

(6) The Task Force recommends that mechanisms be created to develop a comprehensive prevention plan and program for the University, incorporating attention to all levels described in Table 1, and that the effectiveness of these policies and programs be regularly evaluated.

In addition to adopting or adapting University-wide policies to their respective circumstances, each unit should assess the particular risk factors within that unit and work with the University to address those risk factors.

Specific suggestions can be found in the Prevention Committee report.

Identification and Intervention for Persons and Groups Experiencing Problems

Great variability exists throughout the University with regard to:

- the designation of clear responsibility for developing and implementing procedures for identification and intervention,
- the level of attention to and concern for identification of persons experiencing problems related to the use of alcohol and other drugs,
- the response to situations and groups and individuals if they are thought to have or to be developing a problem related to the use of alcohol and/or other drugs or to be violating University rules, and
- the provision of training and information to key individuals to promote identification of those experiencing problems and appropriate intervention.

With regard to students, the designation of a clear locus of responsibility for identifying those in difficulty appears to be a major problem that will take time and creativity to address, but is critically important. While the locus of responsibility for identifying staff and faculty in difficulty is more clear, there is great variability in the exercise of that responsibility. Thus, there is a lack of consistency in practices across and within units in terms of their response to identified alcohol and other drug problems, with some units offering assistance while others rely more heavily on imposing sanctions. There also is variation in the timing and severity of sanctions when they are imposed.

Although many staff and some faculty currently are obtaining care through a variety of University-sponsored programs or by self-referral, the available data do not present a comprehensive picture of the adequacy of services to assist with alcohol and other drug problems. Students appear to be the least well-served in this area -- they often seek assistance without a careful evaluation and lack financial resources to obtain adequate care. No University service program has been charged with coordinating assistance services for students, and the availability of appropriate treatment services for students is extremely limited. Accordingly, the Task Force recommends that identification and treatment options should include broad educational and training programs emphasizing early identification in a supportive and non-punitive environment, peer support and self-help approaches that are readily available and broadly advertised, and well-established and monitored referral arrangements. A full range of services must be available and accessible. The Task Force believes that it is not realistic for the University to depend upon community treatment resources entirely or for the University to assume the full financial risk for the variety of needs for those seeking services. Those charged with implementing recommendations regarding insurance and identification and intervention programs will need to specify an optimal balance between services offered directly by the University and those available in the community, as well as the mechanisms to link them.

(7) **A range of identification and treatment options should be created for all University community members -- faculty, staff and students. Each major unit should:**

  (a) **identify a locus of responsibility for responding to problems with alcohol and other drugs;**

  (b) **develop mechanisms to identify -- those whose use of alcohol and other drugs interferes either with their own adequate performance, or violates community norms and standards; and**

  (c) **develop procedures to intervene effectively that are consistent with overall University guidelines and appropriate for that unit.**

(8) **The usual institutional response to a person experiencing problems in performance or consistency with key norms should be the provision of assistance with problems with a clear statement of procedures and consequences should such problems continue (see Section G-3 -- Assistance).**

Under some circumstances clearly defined sanctions and procedures for implementing them should be specified. (See Guidelines G-4.) Establishing a clear locus of responsibility, minimum levels of care, increased resources for individual assessment, and alternative programs for students should be a priority, since this is a major current gap.

At this time, both University Health Services and Counseling Services provide some limited services for students but neither has a mandate to develop comprehensive programming. The Task Force leans toward recommending that University Health Services be given this mandate, although an incoming director for Counseling Services and reorganizations within Student Services may make other options more feasible.

Improved mechanisms for identifying problems and intervening effectively are a priority for faculty. Referral procedures to FASAP appear to work well for some job families and units, although many procedures need to be strengthened for faculty and all should be evaluated.

Although internal University service units such as FASAP and external service options have their separate advocates within the Task Force, the literature suggests that both should be available, and that each will be more effective and attractive for particular groups and people. See the Identification and Intervention Committee report for more specific and technical recommendations.

(9) **Training programs should be developed, regularly implemented with appropriate groups within the University, and updated as needed in the following areas:**

(a) **Knowledge of key policies and recommended practices (e.g., serving and selling), principles of comprehensive prevention and intervention resources available, and how to access them.**

(b) **Skills and knowledge needed to recognize and accurately record what is needed for the information system.**

(c) **Skills and knowledge needed to facilitate accurate and early identification of individuals with problems and make effective referrals.**

Insurance

University health insurance coverage for rehabilitation of faculty, staff and dependents has been eroded as a result of the adoption by the University of alternative health care plans such as HMOs and PPOs, which currently do not offer adequate coverage for substance abuse treatment. Some policies have totally inadequate coverage; many have procedures that create long delays before services can begin.

Few students enroll in the health plan offered by the University, which in any case is largely inadequate for formal treatment of substance abuse problems. Not all students are included in their parents' or guardians' insurance coverage; many who are included are unaware of it; and when they are included, the coverage varies in its adequacy. Confidentiality also may be a problem when students use their parents' insurance.

(10) **The University should adopt consistent minimum standards for coverage in all insurance plans, to be coordinated centrally, and should directly finance limited treatment alternatives for some members of the University community, in particular circumstances (see Section G-6 -- Insurance).**

The coordination of plans for faculty and staff should be located within the Office of Staff Benefits, with appropriate planning and advisory groups. Serious consideration should be given to locating responsibility for student insurance there as well, with strong linkages to student advisory groups and to the organizational entities given the mandate of implementing such services (e.g., University Health Services).

Alcohol and other Drug Testing

The option of alcohol and other drug testing arises in many contexts -- for pre-employment screening, to assist those attempting to maintain a recovery plan, to identify those violating rules, etc. Many other less expensive, intrusive, and more reliable ways exist to accomplish most of these purposes.

(11) **At this time, the Task Force does not recommend the use of alcohol and other drug testing, except as required by law or the NCAA, as part of a mutually developed recovery plan, or perhaps as part of pre-employment screening for some specific job classifications (see Section G-6 -- Drug Testing).**

Advocates of random drug testing consider it an effective way of encouraging and maintaining a drug-free workplace. The empirical literature, however, does not substantiate this view.

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The following sections provide more detailed suggestions and recommendations in specific areas.

G. Special Sections

G-1 SERVING AND SELLING OF ALCOHOLIC BEVERAGES

* Those items with an asterisk (*) are those that the Task Force believes must be strictly followed.

I. Philosophy

The University supports operating units' developing a range of positions regarding the use of alcoholic beverages on the University campus and at University events. Departments are encouraged to establish and regularly review norms and boundaries related to the sale or serving and use of alcoholic beverages at public or private events and settings in which University policy and external laws permit such consumption or sale. The use of alcoholic beverages is usually to enhance sociability or celebration of events. Decisions regarding the appropriateness and subsequent arrangements for use of alcoholic beverages must incorporate principles of safety, and health as the University attempts to reduce risk for those in attendance and the institution.

II. Guidelines (apply to all events and settings)

The following University-wide guidelines are recommended to:

(1) determine (a) where, when, and at which events or settings the use of alcoholic beverages may occur, and
(b) the role of the operating unit where alcoholic beverages are to be sold or served.

(2) maximize the likelihood of use that enhances the event, complies with University policies, and minimizes potentially harmful consequences.

Deciding whether alcohol is appropriate

For each event where the use of alcohol is being considered, the units should carefully consider whether such use is consistent with these guidelines.

Criteria that underlie these guidelines include whether the use of alcohol contributes appropriately to the event, the degree to which hosts can determine who will be served, the likelihood that illegal (e.g., underage) drinking might occur, the ability to comply with relevant laws and policies, and the minimization of potentially negative consequences. The following questions should be considered in the course of planning any event in which the use of alcohol is being considered:

(a) What are the objectives/goals and type of event (e.g., official, ceremonial, social)?

(b) What impact may alcohol have upon the success of the event or the related public image of the University?

(c) Is the event open to the public (advertised) or private (by invitation with an RSVP?)

(d) Who is likely to be in attendance or to have access to the event (e.g., students, minor children, family members?)

(e) What activities are connected to the event, either concurrently or subsequently (e.g., when and where will guest be going immediately after the event?)

(f) What are the implications of the location, time, and size of the event (e.g., mid-day events after which people go on to classes or work, readily accessible locations, and large gatherings are all likely to be less appropriate for the serving of alcohol)?

(g) What policies may have some relationship to the event (e.g., specific building regulations, those that have some applicability to those attending the event?)

When not to serve alcohol

- Alcoholic beverages should not be the primary focus of an event.
- o When the majority of participants are underage, serving alcoholic beverages is discouraged.
- o When the host does not know who will attend the event and/or the location cannot be secured from passers-by, the serving of alcohol is discouraged.
- o Alcohol is not appropriate if participants in the event have responsibilities to meet either during or after the event.

Responsibilities of the host

The host is responsible for: becoming familiar with related University policies, reducing the likelihood that misuse will occur through advanced planning, ensuring that those who will serve alcohol are well trained in the Techniques of Alcohol Management (TAM), monitoring the procedures being used by those who are serving, and being accessible to the serving staff to help address any problems that might arise.

* In the planning phases of the event, the host should obtain the approval of the official designated in that unit and/or setting if alcoholic beverages are to be served or sold.

Bartenders trained in TAM should be provided at the ratio of one per 50 individuals in attendance.

Someone with authority should be designated to arrive early to be sure that there is sufficient food, and that non-alcoholic beverage alternatives, trained servers, and procedures for checking identification are available.

When students or underage individuals are known to be among those in attendance, bar servers and the hosts have an increased responsibility to request identification of guests.

The host is ultimately responsible for intervening if non-moderate drinking or other high risk behaviors are developing. The host has the right and the responsibility to refuse to serve additional alcoholic beverages to someone who is becoming intoxicated or whose behavior is problematic for other guests or for the setting. Servers and other staff should know before the event begins who is responsible, how the host wishes to handle potential problems, and who will inform the guest(s) that alcoholic service is being discontinued, should this become necessary.

The event planners should consider the cumulative effects of before, during, and after-meal alcoholic beverages, when planning when and whether to serve alcoholic beverages.

Prior to the event, the host should ensure that alternative transportation options are available for those whose current arrangements may be unsafe; staff and others responsible should be aware of these arrangements and prepared to use them should there be any question about a guests ability to drive or walk safely.

The host(s) and those responsible for serving or selling alcohol should exercise particular caution regarding their consumption of alcoholic beverages while conducting these duties.

A host with any questions about the appropriateness of alcohol at an event or the adequacy of regulatory procedures should consult with University Counsel, the risk-management office, and/or a person designated to advise about alcohol-related protocol.

- University Security should be notified whenever alcohol is to be served at any events.

Guidelines for serving

See above for suggested ratio of servers to guests, and procedures to follow should high risk behaviors develop.

Servers should staff the serving station for the entire length of time that alcoholic beverages are served. Alcoholic beverages should not be left unattended, either at a bar, a serving table, or in common source containers (e.g.,kegs, punch bowls).

Servers should measure the alcohol with standard measures. They should be instructed to notice how often guests are returning for refills, and to notify the host or other designated person about guests who are returning frequently or appear to be becoming intoxicated.

For many occasions, wine, or wine/champagne punch may be offered instead of a full bar.

Punch that contains alcohol should be so labeled in a conspicuous manner. Use a non-carbonated base for alcohol punch, since carbonation increases the absorption of alcohol.

* At EVERY event where alcoholic beverages are available, an ample selection of attractive non-alcoholic alternatives should be visible and regularly offered to guests, preferably in containers and with garnishes similar to those being used for the alcoholic beverages.

Sufficient quantities of food to last the entire event should be available. Serve high protein, non-salty foods.

At meals where wine is served, guests should not be served other alcoholic beverages during the meal. Several types of non-alcoholic alternatives should be readily available. The event planners should consider the cumulative effects of before, during, and after-meal alcoholic beverages.

The standard serving timetable for alcoholic beverages at University of Michigan events should be:

(a) for receptions (no meal service): no longer than two hours; one and a half hours is preferable.

(b) for receptions with meals: no longer than one hour before the meal; 45 minutes preferable.

Other rules:

* Sale of alcoholic beverages should be permitted only in licensed facilities, by special UM permit, and in accordance with local and State laws.

* Guests may not bring or remove alcoholic beverages from University facilities or events.

* Each unit and setting should designate an official with the ultimate responsibility for approving the use of alcohol at a unit sponsored event in a particular facility. The person planning or hosting the event must seek the official's approval prior to the event.

G-2 - ADVERTISING

In examining the issues of alcohol and other drugs and advertising, the Task Force collected and reviewed existing policy guidelines and recommendations at the national, state, local and campus levels.

Nationally, the Surgeon General's Recommendations on Drinking and Driving are most pertinent and contain specific references to college campuses, advertising and marketing. Below are the recommendations and guidelines with comments on the current situation at the University of Michigan.

Alcohol advertising and promotion on a campus where a high proportion of the audience is under the legal drinking age should be eliminated. According to the University Relations Office of Marketing Communications current University policy prohibits the advertising of alcoholic beverages in all publications except the student-run Michigan Daily.

Eliminate alcohol advertising, promotion and sponsorship of public events where the majority of the anticipated audience is under the legal drinking age.

Eliminate official sponsorship of athletic events (including televised sponsorship). Although sponsorship is not allowed, some promotion of beer and wine does take place during athletic events in printed programs. Liquor and tobacco advertising are not allowed. Poster advertising for these products has been eliminated and scoreboard advertising is not allowed. Events televised or broadcast on radio do contain alcoholic beverage advertising; FCC regulations apply.

Encourage publications and the news media to provide coverage on alcohol issues commensurate with the nature and scope of the problem. Very little of this type of coverage occurred prior to the Task Force except in conjunction with Alcohol Awareness Week, which focused on students.

If there are cases where alcohol advertising is allowed, the following guidelines should be followed:

- **Advertising and other promotional campus activities should not associate alcohol consumption with the performance of tasks that require skilled reactions (e.g. the operation of motor vehicles or machinery or the performance of athletic activities.)** The Surgeon General recommends the elimination of advertising and promotion that portray activities that can be dangerous when combined with alcohol use. There are numerous examples of advertising inserts from the Michigan Daily associating alcohol with sports such as snow skiing and beach activity (both of which can be hazardous when combined with alcohol consumption).

- **Promotion of alcoholic beverages should not encourage any form of alcohol abuse or place emphasis on quantity or frequency of use.**

- **Sampling programs should not be permitted on campus.**
- **Promotional activities should not be associated with campus events or programs.**
- **If permitted, alcohol beverage advertising on campus or in institutional media should not portray drinking as a solution to personal or academic problems of students or as contributing to social, sexual or academic success.**
- **Local off-campus promotional activities that are primarily directed toward students should be developed with the previous knowledge of appropriate institutional officials.**
- **Educational programming on campus should include discussion of the impact of alcohol advertising and promotion.**

Federal legislative activity in this arena is not targeted specifically toward the college campus. The Sensible Advertising and Family Education Act (Senate S.2439) would require all print and broadcast alcohol advertisements and promotional materials to include a prominent health and safety message and establish a 1-800 help and information line.

The committee was unable to find any evidence of any legislation at the state or local level on this issue. The Liquor Control Commission (LCC) provided information which suggests that there are no restrictions currently in place that differ for college campuses as compared with the population in general. Some recent case law in the area of "restraints on commercial speech" has done away with some LCC restrictions; however, advertising "free drinks" or "two for one" is not allowed.

There are no local ordinances that deal specifically with alcohol or tobacco advertising beyond the standard advertising restrictions.

Based on this information, and bearing in mind the guideline that the drinking of alcohol is never encouraged, the Task Force makes the following recommendations (provided a policy currently exists prohibiting sponsorship of University events by the alcoholic beverage industry):

1. **The Michigan Daily** and their Board of Control should amend policy to prohibit advertising by the alcoholic beverage industry, given a predominantly undergraduate and underage readership. This would be consistent with current policy for other University publications. The University has the authority to reject advertising in the Daily that conflicts with University policy because the Daily is autonomous with respect to editorial policy but not business/administrative policy. Implications of the loss of revenue due to the removal of this advertising would have to be considered.

2. **When the group expected to attend events sponsored by fraternities, sororities, student associations and other student groups is predominantly under 21**, the sponsoring organization should be governed by policies similar to those now existing in the residence halls.

These residence hall policies state that advertising that implies or explicitly cites the availability of alcohol at any function or party, private or otherwise, is expressly forbidden. Advertising a cover charge to be collected at the event or an admission payable in advance is illegal and prohibited.

Most national fraternity and sorority organizations currently have policies against the sponsorship of house events by the alcoholic beverage industry. The policies related to advertising of house parties are more varied and should be made more consistent with the residence hall policies.

3. **We recommend that the UM Athletic Department** discontinue beer and wine advertising in the programs of athletic events to be consistent with the recommended policy principles. Again, economic considerations will be a factor.

4. **The University should create a mechanism to:**

   o Monitor the types of advertising being used by local off-campus establishments, and

   o Initiate discussion with representatives of these organizations with a goal of developing advertising strategies that are consistent with the Surgeon General's recommendations.

The importance of off-campus establishments is discussed in the Surgeon General's recommendations. Initiating these discussions is consistent with the "Reach" principle described in this report.

5. The Policy Committee also examined issues raised by sponsorship of University research by the alcohol and tobacco industry. While DRDA was unable to determine the extent, if any, of alcoholic beverage company sponsored research, it is clear by analogy that the University would allow such research. The University allows tooth decay research sponsored by the candy industry and cancer research sponsored by the tobacco industry. We are not recommending that the University restrict alcoholic beverage company research sponsorship, but have heard philosophical discussion on both sides of the issue, particularly in relation to prevention funding.* A position statement from the Task Force would help those on campus looking for prevention grants to make decisions on this issue. We recommend that this be examined in Phase II of the Task Force plan.

* For example, according to the American College Health Association, West Virginia University recently decided that it would no longer accept research grants from RJ Reynolds.

G-3 ASSISTANCE

The following philosophy is suggested for developing University policy and practice for addressing individuals with problems related to alcohol and other drugs.

A continuum of alcohol and other drug problems exists for individuals (faculty, staff members and students) within the University community. In addition, others (family members, friends and colleagues) can be, and often are, affected directly and indirectly by these problems. Conversely, a member of the University community will be affected by problems being experienced by family members and friends.

The basic guiding principle of the University of Michigan should be that alcohol and other drug problems are addressed by early identification and intervention to assist the individual, his or her family members, and friends.

Alcohol and other drug problems have the potential for a negative effect upon academic and work performance, health, relationships and the success of the individual. Hence, early detection and intervention often will benefit the individual's health and success both within and outside the University. In addition, the institution benefits from assisting individuals by reducing direct and indirect costs, preventing more serious problems in the future, and reducing other related risks by providing various forms of assistance for individual problems. Addressing alcohol and other drug problems and other health/personal problems as early as possible can assist individuals to achieve their goals as well as the missions of the University.

It is important to note that individuals have a wide range of use of alcohol and other drugs. Some patterns of use become problematic and result in various behavioral problems, e.g., intoxication, overdose and medical social/psychological problems. These problems may also mask or be masked by other personal and/or health problems of the individual (e.g., mental health, physical, family, developmental, academic, behavioral and occupational).

Determining whether an individual has a problem with alcohol or other drugs often is very difficult. Facts or circumstances may lead observers to conclude that a problem exists, but only a careful assessment by a trained professional can truly determine whether a condition exists that needs professional or other assistance and what course of action needs to be taken. Some individuals will deny that a problem exists, even when the facts or evidence are to the contrary. An error that either over-or under-identifies someone as having a problem may be dangerous and harmful.

Assessments by trained professionals must be made in order to determine whether a problem is related to the use of alcohol or other drugs and to recommend the best course of action.

The University should provide all members of the University community with access to information about a range of services which include: acute care,

rehabilitation or treatment, support services, assessment and referral, and in some cases direct clinical assistance.

For students, the University should develop greatly expanded assessment options and a limited amount of direct services on-campus for those who require less formal treatment.

When assistance is provided, most individuals and their families can and do benefit from help. In some situations, sanctions may be the recommended intervention in conjunction with an offer of assistance -- partly to protect others, and partly to make individuals aware that their behavior has consequences in order to motivate the acceptance of treatment.

The following guidelines are recommended to direct University policy development and practices regarding assistance:

1. Each unit should designate individuals who will be responsible for identifying and intervening in situations that indicate a developing or present problem. The designation of responsibility for faculty and staff are clear, although adequate training and follow-through varies. For students, identification and intervention resources are most clear for those living in residence halls. Otherwise, getting assistance appears to be largely left to the initiative of the student or to the persistent efforts of friends and family.

2. Individuals with supervisory, administrative or functional supervision, those responsible for services (e.g., security, housing staff, beverage servers, student services, health care providers), and others in key positions who may identify and intervene with an individual with a potential problem should be provided with adequate training and information that facilitates identification and appropriate intervention. Training and intervention should occur in conjunction with knowledgeable health care professionals.

3. Peer approaches to the provision of assistance should be facilitated. This would involve education about the signs of problems related to alcohol and other drugs, why someone may misperceive their problems or not be willing to seek help, how concerned others can provide assistance, and potential sources for assessment and referral. This will be especially important for faculty and students where direct supervisory relationships are uncommon and the potential for peer influence and support is high.

4. The University should provide accessible assessment services (both University-sponsored and community-based) to all individuals to determine the extent of their problem and inform individuals of all the available treatment options (a continuum of care). These services should include: emergency services; assessment and referral and where appropriate, various educational, supportive, counseling and treatment resources. All University services should be accessible on a voluntary and confidential basis or by referral, based upon problems related to violations of policy, conduct, and academic or work performance.

5. Policy should educate, support and encourage self-referrals for assessment and/or assistance. Policies should ensure that concerned others (e.g., academics, housing staff, peers and family) can and do effectively intervene with an individual's problem.

6. Policy should provide adequate protection for confidentiality of contacts and records and protect against various forms of discrimination for those who seek or receive assistance.

7. The response to incidents involving use or possession of alcohol and other drugs should include an offer of assistance in attempting to correct current problems of use and future use or problematic conduct. The offer of assistance may be coupled with a sanction and/or warning regarding current or future conduct. If behavior is in violation of civil or criminal law, the University should cooperate fully with lawyers and government officials to ensure a thorough investigation but also should be concerned about the due process rights of the person(s) being investigated.

8. Some individuals with alcohol or other drug problems may, as a result of those problems, adversely affect other members of the University community directly or indirectly by interfering with the functioning of a University unit or by other means. As a part of dealing with such behavior, it is reasonable to require that an effort be made by the individual "in good faith" to deal with the problem. Such an effort should include, but is not limited to, seeking competent advice regarding the advisability of formal treatment.

9. Some individuals in the University community occupy sensitive positions in which the failure to discharge their responsibilities in an appropriate manner may endanger the health or safety of others or interfere with the functioning of an administrative unit or units in a critical manner. If a determination is made that such an individual is impaired in their performance due to the use of alcohol or other drugs, she or he should be suspended from duties pursuant to University policies governing such action.

Resumption of duties should be dependent upon the individual's ability to demonstrate to the satisfaction of the University that they have made "a good faith effort" to deal with their problem and that the effort has been successful. Such an effort may include, but is not limited to, the completion of a formal treatment program. Resumption of duties for an individual employed in a sensitive position may be made contingent upon various methods of monitoring and continuing cessation of alcohol or other drug use, or of impairment due to such use. Monitoring and continued cessation may include, but is not limited to, determination of the presence of alcohol or other drugs in breath or in body fluids, the use of anti-alcohol drugs, the use of narcotic antagonists or other antagonists and the use of performance testing where it has been demonstrated that the test situation is highly correlated with job performance. The method of monitoring to be used must be determined on an individual basis by those with competence to make such decisions.

10. For students, provisions similar to the ones above should apply for those employed by the University. For those who are not employees, clear additional lines of responsibility and procedures for intervention should be developed.

Procedures appear to be in place in residence halls to identify and assist students experiencing difficulty or those whose behavior is disruptive to others or violates University rules. For students in other locations and settings, however, which individual or office has this responsibility is much less clear. Currently, someone who becomes concerned about a student's behavior (especially if the student does not live in a residence hall) must search for someone in the University who can conduct an assessment and assist the student to find appropriate programming and/or treatment options.

11. The Task Force believes that procedures for intervening with students should be developed by students working in conjunction with the Office of the Vice President for Student Affairs.

The procedures should include recurring training for peers, counselors, academic advisors, faculty, and student services staff. Training would focus on signs and behavioral indicators of difficulties, and on how and where to make effective referrals. Follow-up procedures that would occur whenever student difficulties are suspected or reported also should be established. The procedures should focus primarily on assisting students experiencing problems to address these problems, although potential consequences must be specified to students who are unable or unwilling to seek help, and who continue to behave in ways which are dangerous to themselves or disruptive to others.

12. The Task Force suggests that any sanctions now imposed upon students by the University be determined by a process similar to the one being used for the harassment policy (i.e., a panel of three students and one faculty member who have received training about how alcohol and other drugs can affect motivation and behavior). Usually, sanctions would involve educational activities or various treatment options. If local, State or Federal laws have been violated, the University should support the legal system, which should be asked to investigate and prosecute the offense. In specific circumstances, if the behavior is extremely serious and dangerous to the University community, measures may need to be taken to protect the University and its members from being negatively affected by the individual or group's behavior.

13. In order to identify more students earlier who may need assistance and to determine what kind of assistance is likely to be most useful, the University urgently needs a stronger on-site capability to conduct careful assessments when students are identified as experiencing difficulties that may be related to alcohol and/or other drugs. While well-trained assessment staff can be centrally located, they should also have the capability of working with other University personnel, family members, and peers, to make initial assessments wherever a student may happen to be (since many will not initially seek help on their own).

14. A limited amount of direct services should be offered on campus for those students who require less than formal treatment but would benefit from other interventions.

At this time, no unit has either the mandate or the resources to provide assessment and referral services for students or to develop programming which would be more cost-effective for many types of problems than formal treatment. As noted in the insurance section, many students experiencing problems related to the use of alcohol and/or other drugs do not need formal treatment but do need some type of intervention to prevent the development of more serious problems.

University Health Services currently conducts the majority of prevention and outreach activities that focus on alcohol and other drugs and students, through its health and peer educators. Students experiencing problems with alcohol and other drugs often come forward after educational presentations and are then referred elsewhere for services. Other components of health services also identify problems with alcohol and other drugs among students seeking assistance with other health-related problems, although this is most likely if the student identifies and expresses a relationship between the use of alcohol/other drugs and the problem for which help is being sought (or is obviously inebriated).

Many student problems in adjustment are addressed through Counseling Services, which is available for all enrolled students at no cost. This unit provides primarily short-term services and referrals, has limited resources and no mandate to address substance abuse. On the intake form, students are asked if they believe they have a problem with alcohol and other drugs, but alcohol/other drug assessments beyond this are only conducted if there is some reason to believe that a problem exists. Most students are referred outside the University to private or public agencies if they are determined to need treatment, although some self help and support groups are available through Counseling Services directly.

These options are not adequate to manage the full range or volume or situations among the student populations and rely too much on student initiative.

15. At this time, the Task Force leans towards recommending that University Health Services be charged with the design and implementation of additional programming. This programming would be an extension of its current work in many ways. Seeking health care is a less stigmatized route to assistance, and alcohol/other drug assessments could be incorporated throughout all services.

Counseling Services also should greatly strengthen their assessment of possible problems with alcohol/other drugs, even when persons are seeking help for situations which they do not connect to problems with alcohol/other drugs. Programming in University Health Services and Counseling Services must be carefully coordinated.

Recruitment is almost completed for a new director for counseling services and a reconfiguration of the whole of Student Affairs is being considered. These changes are likely to effect the design and locations for an optimal system for identifying and intervening with students who are experiencing problems with alcohol and other drugs.

One reconfiguration that could greatly facilitate better assessment and programming for alcohol/other drugs (both for prevention and treatment) would be to develop a continuum of coordinated services for students. These could include academic, career planning, adjustment, relationship, behavioral and psychological counseling; a range of health promotion and treatment options; plus a variety of self-help and support activities. These could all be coordinated with residence hall programming. Some staff members could specialize in particular issues such as those related to ethnicity, sexual orientation, and gender.

Persons with all of the above responsibilities could be trained to recognize and rule out any contributions that the use of alcohol/other drugs may be making to the person's overall situation. Specialized staff would handle difficult assessments and programming focused especially on alcohol and other drugs.

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16. All of the above should be coordinated with similar mechanisms focusing on faculty and staff (through FASAP, the Schools and Colleges, and other major University units). The Policy and Program Coordinator would assist in the identification of expertise and applications for external resources.

17. A student-focused information system that compiles data from multiple sources is urgently needed in order to identify overall patterns of use and consequences of that use. A major piece of missing information is the degree to which the use of alcohol and other drugs is affecting educational performance. The Policy and Program Coordinator should identify ways to rectify this omission as an early priority.

18. Health care professionals may have direct access to drugs as part of their daily work. Experience over the past few years at the University of Michigan confirms that such individuals are not exempt from alcohol and drug problems. Data gathered by the Task Force suggest that there is a need to pay particular attention to the manner in which assistance is rendered to this population.

While there are no precise data on the incidence of alcohol and other drug problems among health care professionals, a best estimate is that it is approximately the same as in the general population. Given their enhanced access to drugs, the incidence is surprisingly low. Yet, an alcohol or drug problem in a health care professional is always a serious matter.

Concern is frequently expressed that a health care professional with an alcohol or drug problem may seriously compromise patient care in some manner, but incidents of this kind are rare. Of equal or greater concern are the loss of the considerable social investment that goes into the training of a health care professional and the loss of that benefit to society in the future years if the individual is forced to leave his or her profession. Industry generally has come to recognize that the rehabilitation of a skilled worker is more cost effective than training a new one. But the health care industry has been slow to come to this realization, even though the general prognosis in this group is perhaps better than in any other.

The Task Force sees a need to modify present practice in dealing with health care professionals with alcohol and drug problems at the University of Michigan. Two aspects of present practice need to be addressed. One has to do with drug testing policy for a subset of members of the medical staff of the University of Michigan Hospitals. The other has to do with the overall approach to the health care professional who may have an alcohol or other drug problem.

At present the bylaws of the medical staff of the University of Michigan, as amended on March 23, 1989, provide that no applicant can be appointed unless he or she agrees to submit to "drug and alcohol screens" that are requested by the department chairman, service chief, or the Chief of Clinical Affairs "at any time" -- i.e., not necessarily with cause. The Task Force expresses elsewhere in this document (section G-5) its general reservations about alcohol and drug testing, as well as its particular concern that such testing not be employed without cause. Moreover, the application of this procedure selectively to health care professionals seeking admission to the medical staff and not to other health care professionals with regular exposure to drug runs counter to the principle of equity that the Task Force views as a fundamental element in the formulation of policy (see p. 18).

Accordingly, the Task Force recommends that admission to the staff of the University medical center should not be contingent upon an agreement to submit to such screens.

Currently, departmental chairs and other administrative personnel carry the major responsibility for dealing with health care professionals who may have alcohol or other drug problems. The Task Force believes that there are difficulties with this overall approach. While departmental chairs and other administrative officials in the health care professions have many necessary and admirable qualifications, expertise in dealing with individuals with alcohol and drug problems is not (and should not be) among them. Because such cases are comparatively rare, it is unlikely (and unnecessary) that these individuals will develop such expertise over time. Yet, skill in dealing with such problems should clearly be a crucial element in their management.

Furthermore, there is a perhaps understandable tendency to react strongly and negatively when an individual within one's span of administrative control develops a problem of this sort. Experience suggests that concerns about liability, reputation and other matters tend to outweigh concern for the individual, and an unduly harsh outcome often results. Not only is such an outcome unfortunate in itself, but it may also effectively preclude other health care professionals from seeking assistance when problems with alcohol and other drugs develop. The net result may be a prolongation and intensification of the original problem. The Task Force received direct testimony in its public hearings that such a scenario has in fact been enacted in this group.

These considerations argue for a mechanism that provides advice and assistance to health care professionals who have alcohol and drug problems that is maximally objective, technically informed, and readily accessible. Accordingly, the Task Force recommends that the Manager of the Faculty and Staff Assistance Program (FASAP) convene a committee specifically charged to take the lead in this area. The responsibility for dealing directly with these individuals and for making recommendations regarding their status and functioning as health care professionals to relevant departmental chairs and administrators should reside with this committee and with FASAP as an organization. The committee should not have the authority to require submission to alcohol or drug screens; it should utilize them only with the consent of the individuals involved.

The composition of the committee should range broadly, but should include persons with expertise in the treatment of alcohol and drug problems. It should also include representation from the departmental chairs and from academic and hospital administration generally; but it should be understood that such individuals will not be involved in dealing with cases that fall under their administrative control. The existence and activities of the committee should be widely disseminated, in the hope that colleagues will be encouraged to bring their concerns about themselves and others to the committee. The overall orientation of the committee should be toward assistance and ultimate reinstatement whenever that is feasible, according to their judgment. This is consistent with Task Force principles relating to assistance and to the maintenance of the integrity of the University community.

The Task Force is fully cognizant that the authority to make ultimate employment decisions regarding health care professionals with alcohol and other drug problems rests with the relevant departmental chairs and administrators. The role of the proposed committee would largely be as an advisory body to those who possess that authority. The Task Force recognizes that from time to time such decisions may be adverse to the individual. But its hope is that, under the recommended arrangements, the net result would be the highest possible rate of retention of individuals from this population.

G-4 GUIDELINES FOR DEVELOPING AND IMPLEMENTING SANCTIONS

When developing unit-specific policies, responsible units should follow the following guidelines.

(a) Specific policies must comply with all legal requirements applicable to the particular setting or activity.

(b) Specific policies must relate to the expected performance of individuals occupying specific positions within the University community. Under the "Nexus" principle, sanctions are appropriate where an individual's conduct impairs the effective performance of the individual's role in the University community (e.g., teacher, student, administrator, employee in a particular work role).

(c) Procedures for detecting rule violations and applying sanctions should reflect a balance between the desire to achieve adherence to the adopted standards of behavior and the need to maintain individual privacy and autonomy consistent with the nature of the University.

(d) To express the University's commitment to the policy principles, and to assist in achieving the environment they seek, the University should have available a broad range of sanctions to enforce its alcohol and other drug policies. A comparable range of sanctions should be available in each of the communities making up the University.

(e) The process and criteria for applying sanctions should be clearly articulated, while application of specific sanctions should be left to persons with appropriate authority under guidelines established by the University. University policies should clearly indicate the kinds of conduct which must be responded to by some sanctions, and may indicate the specific sanctions which should apply to some violations.

(f) Criteria follow that may be used in determining the type and severity of sanctions for violation of the University's policies on alcohol and other drugs. These criteria should be consistently applied throughout the communities making up the University:

(1) How harmful the alcohol or particular other drug is to health, whether it is a drug likely to be used on a continuing basis, and the extent to which its use it likely to cause health problems, injuries or property damage.

(2) The past record of the individual.

(3) The individual's length of service within the University.

(4) The specific facts and circumstances of the incident giving rise to the sanctions.

(5) Intent or lack of intent to consume alcohol or other drug(s) in future. (e.g., Someone slips LSD into a bowl of punch.)

(6) The quantity of alcohol or other drug involved.

(7) Special features of the individual's work, such as a particular responsibility for safety, the availability of controlled substances in the work place (e.g., the hospital), or the role of the individual in representing the University or serving as a model for students.

(8) The relative seriousness of the penalty which would be applied by the State for criminal violations involving the same conduct.

(9) Impact of the alcohol or other drug-related conduct upon performance of the individual's work as a student, member of the faculty, or member of the staff.

(10) Whether the conduct resulted in physical harm, destruction of property, or impairment of health.

(11) Whether the conduct occurred in a public area or in the presence of others.

(g) Referral of individuals to the police for possible criminal prosecution is an option particularly in instances of the sale or distribution of illicit drugs, for the possession or use of extremely harmful drugs, or for behavior that is very destructive.

(h) Sanctions involving the termination of housing privileges are appropriate to the extent they are necessary to achieve a housing environment consistent with the University's alcohol and alcohol and other drug policies.

G-5 INSURANCE

Faculty and Staff Members

(1) The University should establish a review process on substance abuse coverage. This process should be coordinated through the Office of Staff Benefits (OSB) and the Committee on Staff Benefits, with membership of UM providers who coordinate or manage referrals or provide direct care. The objective for this process will be to review and redesign coverage, formulate new minimum coverage levels among all plans, or develop a new system for coverage that will address the need for substance abuse care of faculty, staff, and retirees and their dependents. At the same time, the University should not be exposed to higher levels of claims experience because of changes in coverage.

(2) This redesign of health benefit plans should ensure that the utilization of substance abuse benefits occur in a cost-effective manner by developing improved control and management approaches for the benefits offered (e.g. patient matching to treatment modality, pre- authorization of services, preferred provider arrangements, etc.) based upon the appropriateness of care. This should reduce unnecessary claims.

(3) The pros and cons of combining some coverage for students, faculty and staff should be considered to examine whether better rates might result, and whether the University might self-insure some components.

Students

The need for student insurance for substance abuse care should be addressed in a two-step approach:

(1) A committee should be formed, in conjunction with MSA and perhaps with other student groups, to consider the design of the substance abuse coverage within the Student Accidents and Health Insurance Plan. In addition to some students, this committee should be comprised of knowledgeable experts from University Health Services, the Office of Staff Benefits and the local agent for the MSA plan. The objective would be to redesign the plan's coverage, specifically for inpatient benefits, in a way that would allow more students to participate in a cost-effective manner. The questions of mandated coverage, of how premium rates should be set for all students, and of how to maintain confidentiality should be addressed by the committee.

(2) The University should provide a limited amount of direct services (e.g., assessment and referral, educational, stress management, and support groups) for alcohol and other drug problems through University Health Services and Counseling Services for students requiring less than intensive treatment approaches or for those unable to afford treatment services.

Minimum recommended coverage levels -- Each plan should provide an annual minimum level of coverage, for each covered individual of:

(a) At lease 5 days of detoxification in an acute or subacute facility
(b) One residential treatment program of 21 days.

(c) 30 outpatient substance abuse visits, and no more than a 20% maximum co- payment, with an option to extend outpatient care in severe cases.

Background and Summary

A subgroup of members of the Task Force on Alcohol and Other Drugs, along with several University experts, were convened to address the comprehensiveness and adequacy of substance abuse coverage. The Task Force had learned through public hearings and through individual complaints that insurance coverage was a major obstacle for many individuals and their operating units when seeking rehabilitation services. The committee considered several issues including the current design and scope of plans, limitation of coverage, and options for improving insurance benefits for substance abuse care of faculty, staff, retirees and students.

This report concerns two major University populations -- (1) faculty, staff, students, and their enrolled dependents in University-sponsored health care programs who are provided with health coverage by virtue of employment eligibility, and (2) students, who are viewed as having specific problems related to adequacy of health care coverage either through personal health plans or the University-sponsored plan that is provided on a voluntary basis.

NOTE: The imprecise phrase, "substance abuse," is used throughout this document since it reflects the common usage within the insurance industry. The Task Force has chosen to use the more accurate phrase "alcohol and other drug problems" throughout the rest of the report.

I. Faculty, Staff, Retirees and Covered Dependents

Faculty, staff members and student employees may elect to enroll in University-sponsored health insurance plans if they are eligible for coverage (typically, a minimum 50 percent appointment or 25 percent for research or teaching assistants). All plans provide coverage for substance abuse care, but there is a wide range of coverage. Coverage is continued for faculty and staff and their dependents upon retirement. Substance abuse care is included in all basic health plans, within major medical plans (for catastrophic coverage) and additional expanded family coverage, and in the new UM-PPO and vendor HMO health plans.

The diversity, conflicting limitations, range of treatment modalities and provider selection in University plans creates numerous problems. Often faculty, staff members and their dependents needing substance abuse care are unaware of the limits of coverage when seeking services. Selection of a health care plan based on substance abuse coverage often is not a primary consideration at the time of enrollment. Later, this creates problems in locating providers whose fees fit the coverage selected or providing individuals with access to formal treatment interventions. For example, long-term adolescent treatment typically is offered in non-hospital, residential programs, often located out-of-state, that are not eligible for reimbursement. When a specific plan is selected for its substance abuse coverage, higher claims experience often is found.

Under Public Act 429, the State of Michigan mandates that each "base health plan" provide a floor or minimum of $2,258 of coverage for substance abuse treatment per year. The HMOs, which are licensed under different legislation, are not obligated to meet State levels and may or may not provide comparable coverage. For example, the M-Preferred PPO sets inpatient limits that meet the state requirements, but the outpatient benefit is severely limited to 20 sessions maximum. Only the base Blue Cross/Blue Shield plan, in conjunction with the Major Medical United of Omaha plan, provides the greatest range of coverage to fully support "formal" interventions, including affordable care with stop-loss protection, as well as provision for a wide range of providers that demonstrate alternative modes of cost-effective treatment.

During the past 10 to 20 years many employers have added coverage for substance abuse and mental health disorders, although this substance abuse coverage often has been substandard when compared with other, more costly, health conditions. Unlike other health conditions, substance abuse is a stigmatized disorder which leaves individuals reluctant to lobby for improved benefits. Decisions about the design of coverage have consistently been made by personnel unaware of the complexities of behavioral conditions or rehabilitative realities. When increased claims experience has occurred in a specific plan, the total substance abuse benefit is reduced to offset the cost, rather than developing alternative approaches to treatment or alternative providers.

In the past, the coverage of health benefit plans was expanded when it was demonstrated that there was a need for a wider range of providers, specifically of outpatient treatment modalities, which in turn would offset costs. The changes were made to reduce overall cost to the University by shifting away from costly inpatient care. During the past two years there has been a dramatic reduction in coverage in most of the plans. Reductions of coverage in the HMOs and PPO, which have resulted in inadequate levels of coverage, have resulted in additional cost to employees and consequences to the University, delays in arranging care, increased use of sick time, and termination of employment due to an inability to rehabilitate the individual fully. In these situations, the University has been "penny wise and pound foolish." Strategic planning and awareness of the complexities of rehabilitation are the two major suggestions to correct this problem. Current health plans can be redesigned and upgraded without the University experiencing substantially increased costs. The University's direct cost for providing substance abuse care, approximately two to three percent of all health-related claims, is less than that of other employers, both nationally and locally.

Where University plans have exposure limits that far exceed the need (e.g., BC/BS and United of Omaha). These plans should be reduced to balance the exposure with those plans that need improvement in coverage.

Individual complaints and the experience of those arranging and monitoring rehabilitative efforts (FASAP, operating units, personnel, treatment providers) support the need for changes. The state mandated levels in the PPO or HMOs are inadequate to fully and successfully rehabilitate many clinical situations. The Task Force recommends that the Office of Staff Benefits seek advise from clinical programs and others identified as experienced in alcohol and other drug treatment when planning and designing substance abuse coverage.

II. Students

The level of enrollment in insurance coverage for faculty and staff (approximately 28,000) is approximately 95 percent of those eligible for coverage. Only five to six percent of UM students (approximately 2,600 to 3,200 subscribers annually) currently participate in the UM provided University Student Accident and Health Insurance Plan. The number of participants is based on the number of students eligible with six credits or more (on all three campuses, totaling approximately 50,000 students). Of those who participate, 65 percent are graduate students and most are married. It is estimated that nationally 18-24 percent of all students do not have coverage for health care. The number of UM students without any coverage or those that carry coverage through parents, private plans, or other sources is unknown. Students are not required to verify proof of insurance at UM. International students, by Regental mandate, must enroll in the UM plan.

The UM plan has been developed and approved by the Michigan Student Assembly (MSA). The premium is totally student paid. The current annual premium of $327 for single person coverage is well below the average for other State of Michigan institutions. The UM plan was recently changed to shift the risk, and in turn higher premium cost has resulted for those groups with added dependents ($1,728 for single plus spouse; and $2,980 for student, spouse and children).

A recent national study (McManua, Brauer, Weader, Newacheck, College Health - January 1991) showed that only one-third of college health insurance plans cover substance abuse care and most have substandard levels of coverage. The University Student Accident and Health Insurance Plan (per communication with Agent, Bob Turner and Associates) provides the following restricted coverage for substance abuse care:

(1) treatment for any preexisting condition (any substance abuse care within the last 12 months) is excluded,

(2) all other benefits (combined or separately, inpatient and outpatient services) are limited to the State of Michigan mandate at $2,258/yr. This is paid after a $30 deductible for both inpatient and outpatient services, with a 90 percent reimbursement of the "Usual and Customary" fees for outpatient care.

The current benefit level would typically provide approximately 30 to 35 outpatient visits per year. Inpatient care would be covered for only four to eight days, which would be barely sufficient for most situation. Inpatient services are based on a fixed fee, not according to a semiprivate room rate, or diagnostic-related grouping (DRG). This places students at significantly higher financial risk with large out-of-pocket cost. For any student with a moderate, severe or chronic substance abuse disorder, catastrophic protection is not available since inpatient care is currently limited.

In summary, the University's student health insurance plan offers limited benefits, requires expensive cost sharing, and provides inadequate catastrophic protection for those needing inpatient substance abuse care. For students who depend on coverage through their parents' insurance plans, privacy and confidentiality may be compromised when a student seeks treatment, if parents must approve or are otherwise informed of the treatment. This potential often is a disincentive to use this coverage if the student wishes or needs to conceal a stigmatized condition from his or her parent.

These inadequacies in student health coverage must be addressed. The question of making health coverage mandatory for all students should seriously be considered. A major advantage of mandatory coverage is to cut the premium costs overall while expanding coverage to all students.

The situation for students is complicated further by the fact that many students with problems related to alcohol or other drugs do not need formal treatment, but could benefit from on- campus alternative approaches that address specific behaviors and conditions. These include time limited and educational programs, support groups and environmental interventions. Conduct and academic work can be seriously affected by problems that do not require treatment, but need some sort of intervention to prevent more serious problems and consequences from developing. These types of programs are difficult to cover through existing insurance programs (see options which are proposed in Section G-3 on "Rules, Guidelines, and Options for Assistance").

G-6 ALCOHOL AND OTHER DRUG TESTING

This section summarizes the key findings and recommendations on the use of alcohol and other drug testing (by breath, blood, urine, hair or saliva) at the University of Michigan. More detail is available in the full text of the "Position Paper -- Alcohol and Other Drug Testing: Status, Issues, Implications and Recommendations."

(1) Overall, the Task Force does not favor the use of alcohol and other drug testing as part of the University's "first line" response to concerns about problems associated with the use of alcohol/other drugs. Any alcohol and other drug testing conducted should be a component of a larger, comprehensive, strategic approach and not a crisis-driven response.

Four criteria should be considered in determining whether testing for alcohol or other drugs is appropriate:

- Is this a constructive response to a known problem, especially one that has not responded well to other kinds of intervention?

  (E.g., an individual who has sought treatment and is returning with alcohol/drug testing as a component of a mutually agreed upon recovery plan; or a significant problem in a specific setting has been documented and those responsible have been unable to control the problem by implementing positive alternative measures (i.e. policy changes, awareness and other types of educational activities, careful assessment of factors contributing to the problem and implementation of appropriate environmental and individual prevention measures) -- even after consulting with experts.)

- Is this a situation in which unlawful or other kinds of use affects safety or public trust in significant ways?

- Is the individual voluntarily agreeing to such testing as part of an approved plan to address performance or misconduct problems, where use has been suspected and suspension from work duties has resulted?

- Is the plan minimally intrusive, and includes all of the appropriate safeguards to ensure reliability and accuracy of results?

Given these circumstances, the Task Force has identified only the following six circumstances when testing may be justified or required, although we do not recommend adopting some of them at this time. We will describe each of these in turn, and the conditions necessary before each option might be adopted. Subsequently, several other recommendations will be made about specific aspects of testing that may be relevant to consider, either now or in the future. The six circumstances are as follows:

(a) when required by an NCAA regulation that the University accepts,
(b) when required under a legal mandate that the university accepts,

(c) as part of a carefully designed, mutually agreed upon rehabilitation program for someone who has experienced major problems from their use of alcohol/other drugs,

(d) as a condition of continued employment under a disciplinary action, in which the goal is to retain an employee,

(e) for pre-employment screening in selected situations, and

(f) when useful to determine needed medical treatment.

The Task Force is especially concerned that alcohol/drug testing not be employed for the following reasons:

(a) to achieve a "drug free" environment -- the outcomes are likely to be distrust of administrators and backlash in the pursuit of a goal that is most likely unrealistic,

(b) to enhance public image or to demonstrate a strong administrative response to a perceived problem,

(c) for cost reduction, or on moral or ethical grounds, or

(d) as a means of identifying use without "cause" -- i.e. evidence of performance impairment, misconduct, or tangible signs of heavy use.

Rationale: Drug testing is considered by many to be a negative, intrusive and punitive practice that is a significant violation of individual rights and privacy. The reasons for employing such testing, then, should be compelling ones that would justify the risk to employee morale, public perception, and the legal rights of students, staff and faculty. The reasons should not be driven primarily by the need to respond dramatically to a public relations problem or to someone's moral discomfort with others' behavior.

Moreover, testing has not demonstrated its effectiveness as a means of preventing or effecting change in the use of alcohol/other drugs. Other methods of identifying and assessing the causes of performance impairment and/or misconduct usually are more effective, inexpensive and respectful of an individual's rights, and should be considered as an option before testing for alcohol/other drugs is implemented. Competent training and good management practices can help identify performance problems, assist the supervisor or counselor to assess the contribution of intoxication or other drug-related problems, and help to make needed distinctions among such potential causes of work performance difficulties as fatigue, illness, personal stress, unclear instructions or worker relationship problems.

If any drug testing is implemented, it should be after a careful analysis of perceived problem areas and goals, review of the ways in which such testing has been and not been effective in similar situations, and with the use of the effective and rigorous method and procedures that ensure accuracy and safeguard the rights of the person undergoing testing as much as possible. Alternative methods of testing should be considered that are less intrusive (e.g., neurobehavioral and computer-based hand-eye coordination tests).

(2) The Task Force recommends that the University not consider testing for alcohol/other drugs for any persons whose sole relationship to the University is as a student, except:

(a) when the testing is part of a recovery plan (see below)
(b) when required by the NCAA for student athletic competition
(c) for the use of performance-enhancing drugs (for athletics).

All of the other situations in which the Task Force believes that testing may have relevance concern the University's responsibilities as an employer, which would not be relevant for students unless they also are employees of the University.

There is no evidence that the use of controlled substances or alcohol is more prevalent among athletes than other students; like other students, alcohol is the predominant drug of choice for student athletes. The Task Force believes that the student-athlete should enjoy the same protection of privacy as other students with regard to controlled substances and alcohol except, perhaps, when there is reason, under the "Nexus" principle, to consider otherwise in specific cases. For drugs thought to be "performance-enhancing" (i.e. steroids and amphetamines), however, a direct and immediate connection exists to the interests of collegiate athletics which might justify the development of a testing program to detect and deter this use in those sport-specific areas where such use may occur. The justification to test for "recreational drugs" is not nearly as strong, so that the Task Force does not recommend implementing random or "just cause" testing of student athletes except when required by the NCAA as a condition for participation in NCAA events.

As with other segments of the University community, the Athletic Department should establish clear policy, procedures, protection and due process mechanisms, and athletes should be informed of these prior to testing. Those administering the program should be well trained. Systematic prevention activities should be implemented throughout the program, including readily available mechanisms for an athlete to seek assessment and counseling. Coaches, counselors and trainers should be well trained in less intrusive ways to detect and assess alcohol and other drug use and potential consequences, and should be fully committed to regular prevention activities and the provision of humane assistance if problems develop.

(3) The random use of alcohol or drug testing without cause is not recommended as a method of testing. Random testing is not acceptable to the vast majority of individuals or justified without sufficient evidence to establish cause. This has been demonstrated in many court rulings against random testing. The exception may occur be where random testing is required by external regulations that the University accepts (e.g., Center for Great Lakes and Aquatic Sciences new Coast Guard regulations). A prerequisite for consideration of random or just cause testing should be the documentation of:

(a) a significant problem in a specific setting
(b) failure to control the problem by implementation of positive alternative measures (i.e. policy, other assessment measures, educational and training programs).

(4) The use of alcohol and other drug testing as part of a rehabilitative approach should be permissible where:

(a) recommendations have been made by a licensed treatment specialist, agreed upon by the individual, and as part of an overall treatment plan (to measure treatment compliance) or

(b) if conduct or performance has resulted in specific risk of safety for self or others.

Guidelines and procedures that provide optimal confidentiality of an individual's participation and records would need to be developed.

(5) The Task Force recommends that the University adopt the use of regularly scheduled or periodic testing as a condition of continued employment under a disciplinary disposition (e.g., Last Chance Agreements). The alcohol or other drug problem should be related to the underlying basis for the disciplinary action. Criteria for the duration, frequency and type of testing would need to be developed. Such situations would include individuals occupying a safety-sensitive position or where public trust is at risk.

(6) The use of pre-employment alcohol or drug testing may be considered acceptable in certain settings or job classifications. A clear nexus between public safety or trust and fitness for duty should be established before testing programs are developed. Guidelines should provide for advanced notification, independent validation of testing results for the applicants, the circumstances or condition that will allow for rehabilitation where employment is offered, and criteria for reapplication.

(7) The University should also allow the use of alcohol and drug testing as part of diagnostic testing within University medical facilities and services. Clear medical rationales exist for the need to determine the cause of conditions that often are masked by alcohol or drug use. The Emergency Department has a legal role in public health acts concerning intoxicated individuals. Some medical units (e.g., psychiatry, burn center) currently use various testing methods to determine the cause and diagnosis of complex disorders. Testing also may be utilized in various research projects where subjects voluntarily submit to testing procedures, within the context of regularly reviewed Human Subject protection.

(8) Testing based on "probable cause" or "reasonable suspicion" is not recommended at this time. Past court rulings may provide the University, as a public employer, legal justification for testing on "probable cause." The Task Force recommends that units evaluate and strengthen current strategies before any "probable cause" testing is considered. The Task Force believes that current management practices and implementation of supervisory training programs are capable of identification of individuals who may have an alcohol or other drug problem.

(9) The use of testing will present serious legal challenges to the University and should be adopted only after a review of legal counsel and central administration. Any use of testing will require coordination with knowledgeable legal, medical and scientific experts who can design testing programs that:

(a) provide maximum individual protection for privacy and protection against defamation or discrimination,

(b) insure that any testing is void of flawed results due to methods of collection or break in the chain of custody of evidence, and that the opportunity for retesting of samples is provided,

(c) use the highest standards of accurate, technical methods for analysis by certified laboratories (Federal guidelines for workplace drug testing should be used.)

(d) coordinate or negotiate any testing effort with the appropriate collective bargaining unit, and

(e) obtain the appropriate consent of those being tested.

(10) Alternative methods should be developed to supplement the current standard of direct observation to detect the consumption of alcohol (of the behavior and odor of alcohol) used now by supervisory personnel in an inconsistent and inconclusive manner. Options to consider include: breath analysis or blood alcohol concentration tests administered by authorized and trained professionals; or other computer-enhanced performance testing.

While there are many potential hazards in the use of alcohol and other drugs, illegal drug use has declined for the past ten years in the United States. The inappropriate use of alcohol will represent the vast majority of situations in which University policies are violated and in which the University may want to intervene or respond. In the workplace, the most common way to identify the use of alcohol is through direct observation of the odor of alcohol. This method is flawed, unreliable and inadequate because persons are not well trained, because other substances (i.e. food, legal over-the-counter drugs) can mask the odor or cause a similar odor which can be mistaken for alcohol, and because the odor will vary with individuals and will depend on the time elapsed and the amount and types of beverage consumed.

(11) Voluntary drug testing should not be available to students or others preparing to avoid detection for future pre-employment testing. Students seeking such services should be counseled about alcohol and drug problems. The University should not participate in assisting individuals wishing to avoid being identified as illegal drug use.

G-7 SECURITY

Scope of Security Related Problems

According to Security Departments at the University of Michigan campuses, there are numerous problems related to alcohol and other drugs which directly affect the efforts of the staff responsible for enforcement and security. The four security services departments that were surveyed were Public Safety, Central Campus/Ann Arbor; Hospital Security Services; Housing Security; and University of Michigan-Flint Campus Security. All four reported significant problems involving staff, students and visitors to the campus areas.

This information reflects incidents both on and off campus property, within various buildings and at University-related events. Since there is a compelling need not to compromise future security activities, including surveillance and investigation activities performed by the security units, and to protect the confidential nature of the information sources shared with the Task Force, many of the specific details revealed to the Task Force are not included in this section. Instead, data are reported by the type of violation or by the activity of security services and other units (e.g., Personnel Department) of the University.

The scope of problems reported to the Task Force by security and other sources was broad. Some examples include:

- high levels of theft of personal and University property (cash and readily convertible property), often believed to be perpetrated by people outside the University community,
- damage to University and personal property of staff, students and guests,
- observed drug transactions and use (detected by surveillance cameras) by students, staff members and guests,
- arrest of non-University members conducting drug transactions on University property,
- large numbers of falsified identification obtained by undergraduate students to purchase alcohol,
- employees observing use and sales of controlled substances on premises (co-workers report being fearful and intimated, and requesting management intervention),
- use and sales of controlled substances by employees off property during work breaks,
- employees observing use and consumption of alcohol by minors on premises,
- discovery of hidden drug paraphernalia within buildings,
- diversion of controlled substances within medical and research units,

- forgery of documents to obtain controlled substances,
- check transactions of non-sufficient funds to obtain University monies for drug use,
- unauthorized individuals in non-public areas making frequent visits to staff,
- staff carrying "beepers" when their position does not require them,
- unusual levels of cash on premises at pay periods,
- criminal record checks on newly hired employees revealing drug-related convictions and histories after employment has begun and departmental reluctance to take action, and
- reports from external law enforcement agencies of University property and University controlled substances being purchased in the community by undercover agents and of University community members being engaged in criminal drug related activities.

Recommendations

Overall, the University security services departments appear acutely aware of these and other problems and respond quickly to control security problems. They have a well-developed investigation capability and a system in place for data collection on alcohol and other drug- related incidents.

In addressing campus problems, the security services have established cooperative networks with other law enforcement agencies. In some areas they have been successful in managing problems, yet the departments expressed some frustration in seeing little overall reduction of campus crime, which appears to be increasing. Both the Task Force and Security Services believe that security in its enforcement and its deterrent role should be an integral part of a broader and well-coordinated approach to alcohol and other drug problems.

The following recommendations for security services are directed toward improved control of alcohol and other drug-related violations and problems at the University:

(1) The Security Services departments believe that the major prevention and intervention approach to addressing alcohol and drug problems at the University are:

(a) Improvements in broad-based educational programs to increase awareness of the policies, hazards and consequences for those using alcohol and other drugs. All members of the University community need to function as its "eyes and ears" in alerting security to potential problems.

(b) Improved training for those who may conduct early identification and intervention efforts. In some areas (e.g., residence halls) it is recommended that joint training with Security be conducted to increase the consistency and uniformity of procedures.

(c) Clear and well-promoted policies that are expected to be enforced by supervisory personnel.

(2) Security reports that all complaints are investigated and all crimes do get prosecuted. A major problem in the past has been the inability of University security to proceed with legal measures on complaints and crimes through the City of Ann Arbor system. The recent addition of deputy officers on the Ann Arbor campus will alleviate this problem, although currently are still in a transition period.

(3) Improvements in communication and cooperation need to occur between the University and local business establishments selling and serving alcohol to reduce illegal purchasing of alcohol by minors (e.g., use of false identification).

(4) Security services should be alerted well in advance of all events on University property where alcohol will be served. In some cases, advanced planning with the host will be advised.

(5) The Task Force recommends that a security committee address University-wide improvements in conjunction with the proposed Policy Council. This committee should explore countermeasures that have been previously identified by Security Services representatives. These measures may improve the campus environment, as well as reduce individual and institutional risk and loss, although their impact upon the larger University community will need regular review.

Several examples include:

- Develop a Vulnerability Assessment program to identify and review practices/procedures, identify loss potentials for enhancing security and modify policies/procedures
- Modify the environment to deter unauthorized person from entering known high risk area or "restricted areas" by use of the principles of the "Guest Relations" program and the consistent use of proper identification
- Reduce opportunities for employees to conduct illegal cash transactions on University property/time, how personal pagers are used, payroll check distribution,
- Develop awareness programs to protect University community members from becoming the victim of assaults or property loss,
- Work with various advocacy groups and programs to develop awareness programs to protect those members of the University community who may become victims of assault or property loss.

(6) Security staff are in a position to identify and refer individuals with problems, and should develop mechanisms for working in conjunction with University units that either receive referrals concerning alcohol and other drug problems or provide assessment and referral services so individuals with potential problems may be effectively evaluated.

H. Implementation

Problems related to the use of alcohol and other drugs may well represent the single most important threat to the integrity of the University community. The use of alcohol, in particular, has been implicated in many high-cost incidents within the University community. Regrettably, the Task Force finds that the gap between the impact of the problems and the resources currently allocated to ameliorate that impact is significant.

A major function of a strategic plan is to operate from a set of goals consistent with other institutional goals, with mechanisms that help the institution to anticipate and prepare for new trends, opportunities, and challenges. The absence of consistent overall policies and practices hampers the University's ability to respond to external legal mandates and to seek resources for programming. Most critically, the gaps and inconsistencies in policies, practices and programs that the Task Force found are very likely to allow problems to develop and not be recognized until a crisis or significant disruption results.

The Task Force believes that the cost of initiating the activities recommended in the Final Report will be offset as the University realizes savings that result from the diminution of the adverse effects of alcohol and other drug use on the University community, including fewer costly incidents related to use of alcohol and other drugs. Improved relations between groups within the University as well as between the University and the Ann Arbor community should also result. These interactions have been adversely affected by imprecise or absent policies relating to alcohol and other drugs.

The Task Force recommends that a Policy Council on Alcohol and Other Drugs be appointed and convened forthwith and that a Policy and Prevention Coordinator be recruited immediately to begin implementing Phase I Task Force recommendations. These steps will assist the University to comply with various legal mandates while furthering its own internal goals.

The first steps in the implementation process will require clustering the elements of the Task Force report and those items that apply to specific units, settings and situations which are in the Prevention and Identification and Intervention Committee reports as well as applicable portions of the internal and external policy analyses.

Concurrent with this process, Phase II activities need to commence. Phase II will seek to develop strategies for institutionalizing a University-wide approach to alcohol and other drugs that encompasses all three components of the University's mission -- education and curriculum, research, and public service, will involve efforts such as identifying state of the art curriculum, curriculum resources in relevant field, major research needs, as well as potential funding sources to enable the University to accomplish these objectives.

Phase II will assist the University in assuming leadership in preparing students for a future likely to include more sophisticated drugs and drug-related social problems as well as creating future leaders who will contribute to solving these problems.

The Task Force firmly believes that the success of the University in implementing and sustaining the recommendations within this report also will depend on making progress on the goals proposed for Phase II. More attention to relevant areas of knowledge and skills in the undergraduate curricula as well as in many of the graduate and professional programs will assist students use this information within the University and to assume this leadership roles later. Strengthening curricular options also will deepen and sustain the knowledge that is needed throughout the University to keep the University's policies and programs current, effective, and regularly evaluated.

Increasing the range of high quality and sustained research programs possible in a multidisciplinary research university also will assist the University in many ways. New resources will be brought into the University, the results will contribute to developing a better understanding of a major social problem, and this work also will develop a cadre of researchers who can help keep the curriculum offerings current and assist the University to evaluate its own policies and programs.

The development of new knowledge about alcohol and other drugs also creates many opportunities for the University to provide important public service at the local, state and federal levels. Some of this service could be revenue generating, but, more importantly, it is a way the University can forge stronger relationships with its various constituencies.

UNIVERSITY OF MICHIGAN

TASK FORCE ON ALCOHOL AND OTHER DRUGS

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VI. Executive Summaries of Appendices

Copies of full appendices are available from:

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VI. EXECUTIVE SUMMARY OF APPENDICES

The following reports were developed simultaneously. The preceding report is a synthesis of these documents. It includes material in each appendix and deals with issues that cut across. If there is a discrepancy between what is in the appendix and what is in the report, the main report recommendation supersedes.

Appendix A
Executive Summary

Section I: Policy Committee Report

The Policy Committee, by consensus, adopted a public health approach to the effects of alcohol and drugs on society, and recognized the University as a community, with differences among groups and a diversity of opinion about the appropriate role and use of drugs and alcohol. A key concept of the Committee's report is that the behavior of each segment of the community affects other members and that each member has a responsibility to the others.

Principles and Norms Governing Behavior

Overall guiding principles set out the vision of the University as a community in which membership is a privilege with each member having responsibilities to the others. There are norms governing behavior which should be adopted and guide the process of developing unit-specific policies, rule and sanctions. When applied to policies, these norms should be stated in language appropriate for those purposes (i.e. what conduct is "permitted," "prohibited" or "required"). These include that the use of illicit drugs, the illicit use of alcohol (e.g. by underage persons), and the excessive or illegal use of prescription medications, controlled substances or other legal drugs are not acceptable. Abstinence as an option is supported and never discouraged. Moderate, legal alcohol use is accepted but never actively encouraged. Excessive use is always discouraged. Stricter standards may apply as appropriate to specific settings or tasks. Smoking and other use of tobacco is discouraged, and is not acceptable where its use is prohibited by law or is harmful or offensive to others.

Writing and Applying Policies

The Committee proposed guidelines for the units in writing and applying policies. These include legal and ethical considerations and consistent application of sanctions that are clearly articulated. When applying sanctions for violations of policies, there are criteria which should be met and consistently applied. These include factors about the individual involved, their work, the substance used and the circumstances surrounding use. Following the "nexus" concept, sanctions should be applied by considering the relationship of the behavior to the ability of the individual to carry out effectively the expected performance of his/her position within the University.

Reach

Policy reach considers what the policies should be and on whom they should be applied. Primary prevention approaches should reach to the point at which one can no longer demonstrate a link between the policy and the effect on behavior. Sanction policies should not extend beyond the University's ability to enforce them. There may be instances where the stated reach is not enforced because of concerns for other values, goals and policies of the University, and in these cases, the limits on enforcement should be explicit in their rationale. While the University's policies should reflect legality, it should make its own decisions about when policies are violated.

The reach is to extend as far as the University's legal liability for behavior violating policy and to the behavior of all persons on University property. It extends to members of the University community at University-sponsored events or agencies, and activities of all organizations officially recognized by the University administration (i.e., fraternities and sororities). This process may require a review of the University procedure on recognition of organizations. Reach can extend beyond the limits previously described when the conduct violating the policy has a significant effect on the performance of other members of the community.

Assistance

Alcohol and other drug problems are to be addressed through early identification and interventions designed to assist the individual. Determination of a problem or need for assistance should be made by careful assessment by a trained individual and not based on facts or circumstances leading to the detection or identification. While sanctions may be the recommended form of intervention, in some circumstances, most individuals and their families will benefit from assistance. The University should provide all members of the community with access to information, support services, assessment and referral, and in some cases direct clinical services.

Managers, administrators and supervisors, and those working with students should be trained to promote identification and appropriate intervention in conjunction with health care professionals. Peer approaches and self referral should be encouraged. Adequate protection for confidentiality and protection against discrimination is important. There are recommended procedures for dealing with the identification and intervention process which may be necessary in applying sanctions in specific instances.

Serving and Selling

The Policy Committee designed basic principles applicable to all settings where alcohol is served, as well as guidelines for facilities, for private functions and residence halls. The basic principles involve availability of non-alcoholic beverages, containers, provision of information, and permits. For facilities, issues of access, age and permission are addressed. For private functions and residence halls, host/hostess responsibility, notification of violations, containers, use by minors and specific unit policies are addressed.

Alcohol and Drug Testing

These complex issues are addressed at length in Appendix G.

Advertising

The Committee recommended to the relevant boards, groups and departments eliminating alcohol advertising, promotion and sponsorship of public events where a high proportion of the audience is under the legal drinking age. This would include sponsorship of athletic events. Guidelines are provided for instances where advertising might be allowed addressing issues of focus, emphasis, and association. News media are to be encouraged to provide coverage on alcohol issues commensurate with the scope of the problem. Educational programming should include discussion of the impact of advertising.

Recommendations for Implementation

It was noted that the unit-specific policies, rules and sanctions adopted in compliance with University-wide policies would replace the interim policies adopted by the University in response to recent federal legislation. Policies should be broadly disseminated using both written communications and presentations at the appropriate meetings of administration, faculty, staff and student organizations. There should be some education of those responsible for implementing policies, and a group representing the Task Force should be responsible for monitoring implementation.

The Committee noted two areas where the Task Force's work raised issues needing further attention but outside its jurisdiction. In the absence of a student code of conduct with specific rules and procedures for enforcement, mechanisms will need to be developed to enforce policies and sanctions; while it may be a departure from lack of involvement in the behavior of students off-campus, policies should be enforced at fraternities and sororities, even if through self compliance.

Section II: Policy Categorization Schema, List of Internal Policies Relevant to Alcohol and Other Drug Use and Analysis of Policies Governing the Sanctioned Use of Alcohol and the Prohibited Use of Alcohol

This document is a listing in considerable detail of existing policies relevant to alcohol and other drugs at the University of Michigan campuses, including Ann Arbor, Flint and Dearborn. Included is a categorization schema which classifies the types of policies, their characteristics and whom they affect. There is a separate document describing the specific policies. Lastly, the analysis describes in detail the scope of each policy and the consistency across settings and populations, pointing out areas of inconsistency. An alphabetical listing of policies is also included.

Section III: Summary of External Policies with Respect to Alcohol

This report summarized policies regarding alcohol consumption on 28 university campuses, including, when available, their response to and interpretation of the 1989 Drug-Free Schools and Communities Act. The report summarizes the policies of some universities regarding reach and approaches, as well as specific sanctions for alcohol policy, student events, academic units and the off-campus community. Also noted are Greek community policies, policies addressing specific student populations such as athletes, and a comprehensive summary of the 28 universities responding to the survey.

Appendix B
Executive Summary

Section I: Prevention Committee Report

General Philosophy

The University's obligation to students goes beyond classroom teaching to include an environment within which students become prepared to handle decisions and responsibilities. It should be conducive to health and well-being. Its obligation to faculty and staff goes beyond the specific work contract to provide an environment that is not deleterious to health. It is in the University's interests to provide services that help maintain health, and identify and address early risk factors for disease. The mission of a flagship public university includes an obligation to bring its resources to bear upon developing model policies and programs to address social issues.

Philosophy Regarding Alcohol on Campus

A ban on alcohol is not recommended because it is legal for most people, is an integral part of social life for the majority, and most consumption is non-problematic. Banning use does not prepare students to make informed decisions, and it is not enforceable. The University may be liable for any negative events associated with use. Regular review and discussion about alcohol reaffirms norms and establishes boundaries.

Prevention Models (See Page 25 in Report)

Principles Underlying Prevention Recommendations

Prevention programs should be comprehensive, consistent across populations, adaptable to particular settings or groups, and be regularly offered and updated. They should focus on promoting health. They should be carefully evaluated as part of a research and development effort, and supported by scholarship. Those who implement the policies and programs should have high authority and a clear mandate.

Prevention Program Recommendations

The committee's main goal was to propose how to develop and sustain an environment that promotes healthy and well-informed personal decision-making about alcohol and other drugs. The Committee recommended that the University establish a comprehensive set of policies and programs targeting all University families and locations. The emphasis is on changing norms through coordinated campaigns that promote healthy choices.

The prevention effort should contain 1) a central programming and coordination component; 2) decentralized activities and programs through units; and 3) a monitoring component that assesses progress, informs ongoing programming and develops research and evaluation. The scope of the central coordinating function should be broadened beyond alcohol and other drug problems to adopt a positive outlook on health promotion and wellness.

Recommendations regarding Current Activities

Recommendations were made to increase outreach and assess current programs for the entire University community. A more fully developed assessment and referral source for students should be established with mandatory referral procedures for students who get in trouble after alcohol or drug use, so that high risk individuals do not go without appropriate intervention. Residence halls should offer appropriate referral resources. There should be a mechanism for supporting the policies within Housing through a wider University policy for student behavior related to these issues.

There should be a campus-wide prevention program. There should be increased educational opportunities for students, faculty, and staff around alcohol and other drug issues. An ongoing wellness study should be continued with additional training on alcohol and drug use.

Alcohol Awareness Week should be continued and expanded. The Athletic Department should consider formalizing educational programs. There should be cooperation with the Alumni Association and an assessment of its needs and capabilities in prevention, including an exploration of the areas where alumni could assist in prevention, such as through the Greek system and in influencing University policy.

Prevalence of Alcohol and Other Drug Use/Problems on College Campuses

While there is no detailed information on the use of alcohol and other drugs by University of Michigan students, information from other college campuses, and information on problems resulting from use by Michigan students suggest that the drug used most frequently and that causes most problems for students is alcohol. Its use and associated problems are widespread. The following events were identified: personal illness and injury; damage to property; sexual harassment; unplanned or unprotected sexual behavior; and assault and battery. The use of other drugs is less prevalent and has been decreasing, however, the drugs are easily available in the campus area. Students who are trying to recover find this a difficult environment. It is estimated that 10-12 percent of students smoke cigarettes.

Literature on employee assistance programs indicate that the majority of employees referred to an EAP for a substance abuse problem are referred for alcohol. This has been demonstrated at the Michigan FASAP. The prevalence of alcohol and other drug problems in the workforce is variable by job family. Twenty percent of the faculty and staff smoke cigarettes. Few problems have been associated with excessive drinking or drunken behavior on the job. Instead, problems are associated with chronic drinking or alcoholism, surfacing through personnel or FASAP. Thefts of University property associated with drug sales is a significant problem.

Predictors or Risk Factors

For students, predictors are peer norms and peer behavior. Parental drinking may have an influence. Males drink more than females and have more associated problems; White students drink more often and in greater amounts than Black students; and singles more than married. Students from higher income families drink more often but not greater quantities per occasion. These risk factors are not generally amenable to being changed thus do not help to define the content of a prevention program. The social environment or living situation influences behavior, for example, those in fraternities drink more. There is no agreement on intrapersonal factors.

Adults have similar predictors, including environmental support, peer norms and behavior, alienation/maladjustment and looseness of social controls. Jobs with too much structure which cannot be shaped or changed by the employees are conducive to use and abuse of alcohol. There is little worksite research which might inform a prevention program.

Review of Prevention Programs

(See Literature Review, Dielman, abstracted on next page.)

The research literature on prevention programs provides little direction in well-tested and effective models. We can derive a number of different models of what causes inappropriate use and the intervention strategies implied by each. (See Table 1). There was no review done of prevention literature on faculty and staff because there is little or no relevant literature in this area.

Section II: Current Prevention Activities at the University of Michigan

There are a number of prevention activities for alcohol and other drug problems for various populations at the University of Michigan. A summary of the programs and their strengths and weaknesses are provided.

Section III: Prevention of Substance Abuse on the College Campus: A Summary of the Literature, by T.E. Dielman, Ph.D., May, 1990.

Abstract:

The research on the intrapersonal, interpersonal, and environmental risk factors for alcohol and other drug use and misuse by adolescents and college students is reviewed, as are the findings of college-based prevention programs. The strongest and most consistent correlates of alcohol and other drug use and misuse by adolescents and college students are the social environment, including the use and misuse of substances by peers, and individual susceptibility to peer pressure. Early prevention programs were marked by a lack of any lasting effects on substance use/misuse behavior and were generally lacking a basis in any theoretical framework or empirical evidence. Further shortcomings of the earlier studies included inattention to sampling, experimental design, implementation standardization and quality control, and statistical analyses. Only a few recent studies in the college setting have corrected these deficiencies. Two recent theoretical models are discussed and a more rigorous evaluation design is proposed. The need for simultaneous, multi-level sampling and longitudinal studies, combined with a monitoring system for unanticipated environmental changes, to evaluate the effects of institutional, small group, and individual level interventions is indicated.

Appendix C
Executive Summary

Transcript of Prevention Seminar, September 17, 1990

A seminar was convened to consider possible models for implementing prevention programs targeted to University communities. Invited guests included John Baer, associate director, Addictive Behaviors Research Center, University of Washington Department of Psychology; Ross Rapaport, coordinator of the Alcohol and Drug Abuse Intervention and Prevention Program, Central Michigan University; and Judith Vicary, director of the Center for Worksite Health Enhancement and associate professor, College of Health and Human Development, Penn State University. Discussants included members of the Prevention Committee of the Task Force on Alcohol and Other Drugs, representing a variety of units on campus, and University researchers involved in substance abuse.

Presentations by Guest Experts

John Baer described the University of Washington's Alcohol Skills Training Program. It was designed around a training, skills and behavioral approach, with the idea that it is necessary to find a way to communicate with students so they will listen. Risk reduction and harm minimization are the major goals. The methods are to challenge assumptions about the effects of alcohol. It is unclear which formats work best, although the program participants report significantly reduced drinking. The biggest problem is getting people into the program and the project's very small scale. Barriers include that students don't see themselves as risk drinkers, don't self-identify and don't volunteer for programs. Some people believe that discussion of moderate drinking is inappropriate, especially among the underage. He suggested a wellness approach broader than alcohol and drugs to reduce the stigma of participation. This program should be part of a larger step-by-step program where if problems persistent after this brief intervention, the individual may need more intensive work.

Ross Rapaport coordinates the student alcohol and drug program at Central Michigan University. The assumptions underlying their efforts include that the University is a microcosm of society; that substance abuse programs interfere with the University's primary mission; that most of the country's future leaders are in universities and their role in society and the future should not be compromised by an inability to deal with alcohol and other drug problems they encounter; and that all units and constituencies can become involved in efforts to reduce problems. To effectively deal with problems, it is necessary to break them down into smaller parts and work systematically on each part. It is also important to be realistic in terms of how long it might take to have an effect on the problem.

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Leadership on campus from the top down is important, as are having financial resources to work with. Curriculum infusion is also critical, as is working with local resources and agencies. Other issues to think about are building a healthy culture with supporting activities; treatment referral, after-care and support groups; early intervention with those who have problems; prevention and education; policy, federal, state and local laws; better data collection, assessment, evaluation and research; the creation of a shared vision and mission; not neglecting target populations and subgroups needing special attention; and the reinforcement of non-users. Central has a coordinating group of 25 to 30 individuals who are directly involved in programming and who meet monthly to plan and insure consistency. He identified models by Gonzalez and by Bailey that were useful.

Judith Vicary emphasized that all locations and levels of the community should receive the same message and have the same opportunities. Alcohol and drug problems should be recognized with other problems, not in isolation, as should the vulnerabilities brought with people into the community. Students come to a university with already established behaviors so primary prevention may not be the only need. They use substances to a level many adults find it difficult to understand. You can set a norm or standards or model by the behavior of faculty and staff in what students can expect when they arrive, but data is needed on use by faculty and staff. Older students will have different problems than entering 18-year-olds. Students perceive more use than is actual. There should be a needs assessment upon entering and during different stages. Cultural differences should be acknowledged. There should be some consideration of social skills development and risk awareness. Sometimes students appreciate rules and regulations if it gets them out of uncomfortable situations. The University as a workplace must be a role model, particularly in terms of policies, procedures and services. The University must also be a role model in its larger community, and consider what norms the students take home.

Discussion

In the discussion, it was noted that there is a lack of prevention research on college populations. Networking among the universities and funding agencies to share ideas would be helpful. There may be differences in cohorts over time so what may work with one freshman class should be reassessed for use with each successive cohort. No one has looked at why students self-select into various fraternities or residence halls with different reputations, or why a given fraternity reputation for partying might have changed completely over five years. There is a need to look at faculty and staff problems rather than just concentrating on students. It is particularly difficult with faculty who are very autonomous. Students will often be the first to recognize problems among faculty and may not know what to do about it. It is important to have a believable prevention goal and it may not be believable to have prohibition. University standards should coalesce with community standards.

Environmental interventions may be more successful at reaching those who wouldn't volunteer than individual interventions. Trends in student consumption show a decrease in drug and alcohol use, so prevention efforts will be able to go with the tide. However, these trends move in surges and waves so it should always remain at least on the back burner as an issue because as soon as you stop, you lay the groundwork for the next epidemic. There have not been active efforts to reach graduate students with the exception of some work with veterans.

Brainstorming Session

Later that same day, a brainstorming session was held on models of prevention. One model used by the Task Force Policy Committee was a public health model which says that if you wish to reduce problems, you must address the overall level of consumption to get at the consumption level in subgroups. One way to get at the overall consumption level is through pricing, availability and taxes, voluntarily working with bar owners or introducing ordinances banning certain pricing practices or requiring non-alcoholic alternatives. Arranging alcohol-free nights has been successful in some bars.

There was discussion about whether there could be some University-wide prevention efforts with emphasis on particular populations left up to the units. In the past, an individual was hired and it was assumed that individual would "take care of it." It was recommended that it would be more efficacious to have individuals in several units interested in the problem and actively working on it. Another model was to conduct alcohol and other drug problem prevention as part of a larger health/wellness model. But it is unclear whether all the components of such a program would have an impact on substance use. This summary reflects only the discussion which took place. The Task Force considered several other models.

Appendix D
Executive Summary

Section I: Identification and Intervention Committee Report

The task of the Identification and Intervention Committee was threefold:

1) To identify those individuals within the University community with potential problems with alcohol and other drugs;
2) To identify treatment resources available to the University community; and
3) To make recommendations for enhancing identification and intervention strategies for those with ties to the University -- students, staff and faculty members -- who have problems involving alcohol and other drugs.

Several major barriers to identifying problems involving alcohol and other drugs, and providing intervention for University community members were identified by the committee. One is the diversity of a community which includes students, faculty and staff, and their differing relationships to the University.

Although there is an opportunity for identification and intervention of such problems in students, the committee found that there currently is no organized and consistent mechanism set up to identify and treat students found to have substance abuse problems. This is compounded by the fact there is little readily available information for students about resources available on campus, and in the community, for those with problems. Although there are counseling services on campus, there are few other treatment facilities in the community for students.

Students are a heterogeneous population. Although most undergraduate students are below the Michigan legal drinking age of 21, graduate students as a group are older, and many have closer ties to their departments, as well as job and family responsibilities. Because of these and other factors, it is unclear, from a University standpoint, what the appropriate response should be concerning students with alcohol or other drug problems (i.e., parental notification, student sanctions, mandatory counseling sessions). Additionally, many students lack adequate health insurance, although many undergraduate students have health coverage under their parents' policies.

Barriers to identification and intervention among University staff include the fact that they also represent a diverse group with varying employment conditions; some groups are represented by collective bargaining units with legal contracts. Because staff generally perceive current University substance abuse policies as punitive, delays in identification and intervention often result to the point where sanctions may need to be taken, thus reinforcing the problem.

Faculty members with alcohol or other drug problems may be underreported and undertreated due to the fact that many work in isolation and with little direct supervision, making it difficult to intervene when a member of the faculty is suspected of having a problem. In addition, no well-developed policy exists and standards appear to apply differently depending upon rank. Although both faculty and staff are provided with health insurance by the University, few insurance plans currently available offer adequate coverage for outpatient mental health or substance abuse services.

To overcome these and other barriers to identification and treatment for University community members with such problems, the committee formulated a set of recommendations underscoring the importance of early identification.

Key Recommendations:

1) The University should implement mandatory educational programs on substance abuse for students, faculty and staff to promote a supportive environment and facilitate early identification of alcohol and other drug problems. Incoming students and new employees should be targeted, and continuing education programs offered for all University groups. In developing these programs, the University should be sensitive to the special informational needs and concerns of minority constituencies.

2) Emphasis should be on early intervention. Residence assistants and others working with students, faculty members and staff supervisors should be trained to recognize critical incidents that may point to substance abuse problems, thus determining the likelihood of later disciplinary action.

3) A supportive and non-punitive environment should be fostered within the University to encourage individuals to self-identify. Routine and mass self-screenings should be offered for all University community members.

4) People with alcohol and other drug problems should have access to appropriate treatment. Staff should receive accrued job-related benefits such as sick leave and health insurance. The University should use its leverage to assure that the health insurance that it provides includes adequate coverage for both inpatient and outpatient substance abuse treatment programs.

5) The University should support the development of more treatment programs in the community, and encourage the development of programs that are sensitive to the specific needs of the diverse sub-groups in the University community.

6) The University should make space available on campus for organized self-help groups and assist in the establishment of peer support networks for students, faculty and staff.

7) A mandatory and global drug testing program for students, faculty and staff should not be implemented at this time. (One committee member submitted a dissenting opinion recommending random, mandatory testing for employees in sensitive positions.)

Section II: Current Identification and Intervention Activities at the University

This section describes current activities on campus such as University Health Services, Counseling Services, the Faculty and Staff Assistance Program, and the Chelsea Arbor Treatment Program and discusses strengths and weaknesses of each.

Section III: Identification and Intervention for Substance Abuse Problems in University Populations: A Review of the Literature, by Jacklyn A. Campbell, M.P.H., November, 1990.

Abstract

Identification research includes the characteristics and situations which identify a substance abuse problem in a faculty or staff member or a student. A critical issue is how the problem is defined, whether it is by quantity, reasons for drinking, negative consequences, or other influences. Each population presents particular problems in detection; such issues as academic freedom, student drinking norms, the role of performance evaluation, and confidentiality are involved. Several screening tools (not including blood or urine testing) are discussed for use with students, but their applicability may be broader. While no one instrument is recommended, there are some that are considered useful and a number of issues to consider in implementation.

While research is sparse in the student and faculty area, there has been research on staff and professional programs, although most have not been rigorously evaluated. Surprisingly, few student programs have been conducted as demonstration projects or applied research, but instead appear to be conducted as part of continuation of prevention/education initiatives. Students are usually referred to treatment by peers, through health services, through counseling services, through a student assistance program, through organizations, through residential housing, or by law enforcement agencies.

For faculty and staff, the most common sources of referral are referrals by self, peers, supervisors, unions or professional organizations to employee assistance programs. Methods of approaching the user are discussed (i.e. coercive versus constructive confrontation styles). The question of whether internal or external EAPs are more effective for substance abuse identification and referral is considered.

Research into treatment methods for substance abuse has been adequately reviewed in other publications. (Institute of Medicine, 1990.) Treatment program research specific to university students, faculty and staff is not available. A trend in dealing with student substance abusers (especially alcohol) appears to be the use of self-control or skills training to provide problem users with control skills, rather than stressing abstinence. Alcoholics Anonymous and Narcotics Anonymous are felt to be less

helpful with faculty and some professionals than with other populations, although this hasn't been rigorously tested.

The consensus on the best methods for evaluating identification and intervention strategies appears to be that measuring performance for staff and faculty is preferred to cost savings or abstinence rates. Some problems and questions with these strategies are discussed.

Appendix E
Executive Summary

Information on Incidents of Problems Related to Use of Alcohol and Other Drugs Reported by University Units (with Recommendations about Information System Needs).

As it was not feasible to implement a comprehensive survey on the use of alcohol and other drugs among students, faculty and staff, some means was needed to assess whether the University had a problem in this area and to outline the nature of the problem. It was decided to assess the degree to which use of alcohol and other drugs affected the operations of individual University units, based on records kept by those units and/or verbal reports of staff within the units. Representatives of the units were interviewed and asked to report incidents from January, 1990, to March, 1991.

Limitations to Data

Many units do not keep good records of incidents. Few training programs are offered regarding identification so problems go unnoticed. Some supervisors are reticent to take action. Some authority figures do not view alcohol and drug use as a problem. Some units do not document or refer individuals to existing University programs. There is a high degree of caution and self-protectiveness associated with the reporting of information that might negatively reflect on the unit, which contributes to underreporting.

As data collection proceeded, it became evident that changes were already taking place including the offering of alternative beverages, the exclusion of alcohol from events, limiting the participants' exposure to alcohol, scheduling events to occur at the end of the workday, implementing a last chance agreement for employees in job jeopardy, increased security, and development of educational programs and materials.

Summary of Incident Reports

Significant numbers of individuals either report problems with alcohol or drug use or seek assistance annually: 20 percent (approx. 150) of cases seen at the Faculty and Staff Assistance Program; 17 percent (approx. 230) of the student cases (primarily self-reported) at Counseling Services, and more than 100 cases annually by University Health Services. Students are largely self-identified, and these figures are likely to be an underestimate of the extent of the actual student problem. Staff tend to be identified either as a result of performance-based problems or because of a critical incident (e.g., reporting to work with odor of alcohol) and are likely to have more advanced or severe problems. Blue Cross and Blue Shield reported in 1989 nearly 450 separate claims for substance abuse treatment.

Security units and employees have reported observed drug transactions and use by students, staff, and guests on University property. Large volumes of fake identification are being obtained by underage students to purchase alcohol. Employees are requesting management intervention to address use and sales of controlled substances on the premises, feeling fearful and intimidated by co-workers and non-University community members conducting these activities. Security often discovers hidden drug paraphernalia within buildings. Investigations are conducted on forgery of documents to obtain controlled substances. Controlled substances are diverted from medical and research units. Staff carry "beepers" when their positions do not require them, and are suspected of engaging in sales or distribution of controlled substances. Local law enforcement agencies report the ease with which University property and University-controlled substances can be purchased by undercover agents in the community.

UM residence hall staff estimate that 25 percent of students abuse alcohol (excessive periodic drinking) on a regular basis resulting in personal illness and injury, property damage, missed classes, sexual harassment, unplanned and unprotected sexual behavior, assault and battery, and disruption to academic life. There is possible litigation to be brought against the University for serving alcohol to a minor. It also has been reported that minors on campus during summer programs often have access to alcohol.

A group of students this past summer who were attending a University off-campus summer program were involved in an auto crash, and two students died, after excessive use of alcohol.

Buses must be cleaned out routinely, sometimes twice a night on weekends, due to students becoming sick from excessive alcohol consumption. To reduce damage, the University uses older buses on weekends. Additionally, drivers have been assaulted and women have been harassed by intoxicated passengers.

A University Health Services survey reported 37 percent of residence hall students said that while under the influence of alcohol or other drugs they had engaged in sexual activity they were not sure they had wanted. SAPAC reported alcohol and other drugs, were involved in episodes of sexual violence with 75 percent of their caseload.

The Department of Public Safety reported 289 alcohol and 61 controlled substance campus-wide incidents during 1990. Hospital Security alone reports more than $380,000 in alcohol or drug-related actual and reported property loss from 1987 to 1990. In addition, UM Staff were victims (e.g., theft, assaults) in 645 incidents during this period which are known or suspected to involve alcohol or other drugs.

It is estimated that at least 10 percent of the workforce is experiencing problems with alcohol and other drugs, resulting in numerous measurable personnel problems including increased absenteeism (double the average rate), risk management claims (twice as costly), turnover, litigation, health care claims, and productivity problems.

Campus surveys have estimated that 18 percent of college seniors and 20 percent of University employees smoke cigarettes. There are few affordable and accessible smoking cessation programs on campus, and of those, low participation is reported. Only the Housing Department and UMTRI offer any financial support for employees seeking help to quit smoking.

Alcohol is the primary problem identified among faculty members, although the cases involved controlled substances are reported for those with ready access (i.e., health care professionals). For example, in March, 1991, one University medical resident died from an overdose of a controlled substance obtained from University hospitals. Another medical resident who was suspected of abusing controlled substances was tested for drugs and subsequently admitted to a problem. He will be expelled from the residency program in June after completing rehabilitation. Medical students, residents and attending staff report reluctance to disclose their problems for fear of punitive action.

Costs Incurred as a Result of Alcohol and Other Drug Use

Smokers, and alcohol and other drug users use health benefits more often, resulting in increased costs. Alcohol-related property theft and damage in the residence halls last year cost $7,130. UM Hospital Security estimated that 16.8 percent of incidents and 16.1 percent of losses may relate strongly to alcohol and other drugs, including the theft of radio pagers and Mettlar balances.

Two percent of worker's compensation claims in a five month period were filed by individuals with a documented history of problems with alcohol and other drugs. These 12 individuals averaged five injuries per person at a cost of $228,643 or $19,053 each, while the average cost for other claimants is $8,000.

University liability is also a cost factor as it may be involved in three potential law suits. Bus cleaning costs about $7,200 per year. There are considerable personnel costs associated with alcohol and drug problems.

Policy and Procedure

Most units indicated they followed the Standard Practice Guide, however, it is clear this did not occur with consistency. Often procedures are adopted as a result of media coverage, medical reports or University activities.

Conclusions and Suggestions

With regard to students, most recommendations favored education, wellness programs and a stronger stance by the University against alcohol. Many units feel the University condones student drinking. Housing is interested in academic sanctions for students who severely violate rules. Service units would like uniform sanctions, as would Transportation Services (which would also prefer fines). It was recommended that University Health Services programs continue. Off-campus students should be targeted for some programming. No one was satisfied with the available treatment programs for young adults. Most thought alternative programs should be developed, perhaps through Counseling Services. Faculty should consider the messages they send as role models in such situations as holding classes in a pub.

Several units expressed a desire for identification training for supervisors. An "across the board" policy was also recommended eliminating differential treatment of staff and faculty. Such a policy should also delineate a clear course of action for employees to follow if there is a problem with supervisors or managers. Clear, definitive guidelines should be widely communicated. No cost smoking cessation was recommended.

Data System Development

This report reveals that the University does not have an adequate record-keeping system to track these problems or assess the effects of prevention and intervention programs. The Task Force has identified five categories of things that should be documented:

(1) Incidents and Events Related to Alcohol or Other Drug Use:

(a) Incidents of illegal, dangerous or destructive behavior such as theft, drug diversion, harassment, rape and other assault, rowdiness and property damage.
(b) Incidents of illness or injury as a result of alcohol or other drug use, such as vehicle accidents, falls, work-related accidents, overdose, and gastro-intestinal illness.
(c) Deterioration in performance of usual duties (whether as an employee or as a student), e.g.: absenteeism, reduced quality and quantity of work, disciplinary actions, insurance claims, and interpersonal problems.

(2) Individuals in the University Community who have problems related to alcohol or other drugs:

(a) numbers in need of assistance
(b) numbers identified through appropriate channels and referred for assistance

(3) Help seeking behavior

(a) numbers of faculty and staff seeking assistance through FASAP and other assessment services.
(b) numbers of students seeking assistance through Counseling Services, UHS, or other assessment services.

(4) Policy adequacy

(a) consistency across units in policies adopted
(b) experiences across units in implementing policies, and changes suggested

(5) Programming being conducted

(a) how many and what type of people participated
(b) program content and expected outcomes
(c) measured outcomes

Appendix F
Executive Summary

Transcripts of Hearings to Gather University and Community Views

Section 1: Task Force on Alcohol and Other Drugs Public Hearing on Policy in Relation to Substance Abuse,
November 27, 1989, Ann Arbor, Michigan.

This was the first of three public hearings of the University of Michigan Task Force on Alcohol and Other Drugs. Its focus was policy and its purpose was to gather views on possible recommendations for University policies related to substance abuse, including how these should deal with the diversity of groups, circumstances and settings. The hearings were chaired by the Task Force co-chairs of each committee, the first being chaired by Policy Committee chairs Patricia Waller, Ph.D., and Toby Citrin, J.D. Several members of the Task Force attended each hearing. The following is a paraphrase and summary of the comments made in the hearings.

Medical Center Assistance Program: Policies needed for substance abuse among health care professionals.

City Council Person: We are all part of the same community and share mutual problems. Prevention efforts should be coordinated. To what extent should the city, county or state be the source of sanctions? Some Universities have tighter control of off-campus groups such as Greeks than does Michigan. What responsibility should the University have for incidents of damage to property off-campus resulting from substance abuse-related problems of students or from University events? Underage, high school children often get involved in drinking activities related to the University (i.e., attracted to student parties).

University Health Service: City Courts would like to regularly refer students for assistance and there is no system in the University to deal with it. There is some drug trafficking by students and non-students on campus. Many policies are unenforceable and disregarded because the behavior involved is widely accepted. There is a sense that one can get away with more on campus than elsewhere. Addiction isn't the primary problem with students; it is binge, episodic drinking, which may not require treatment. When a student does need treatment, there are problems such as no insurance or fear of using parents' insurance. Alcohol and cocaine problems in the Greek system are wide-ranging. Many students use alcohol or drugs as an excuse to engage in sexual activity. Drinking games are commonplace.

University Housing: Enforcing policy in the residence halls through terminating a lease is problematic because the individual is thrown out into isolation or into a completely unstructured situation. This year entering students were offered the option of substance free rooms and over 500 elected these rooms, surprising the Housing staff. When questioned about their choice, student cited that they wished to avoid roommates with problems, and had concerns about academics and health issues.

Alcohol Research Center: In cultures with the lowest rates of alcoholism, children often start drinking early with the family, at meals, et cetera, so that they do not have this concept of "what happens when you get away from mom and dad." Drunkenness is not considered acceptable in these cultures, but drinking is acceptable in certain situations with specific starting and ending times. However, cirrhosis rates are high in the populations. Where there is "forbidden fruit," there is heavy drinking on a periodic basis. The absence of regulation may be a guarantee that there will be a problem.

Nurses Peer Assistance Network: There are voluntary efforts in many health professions to deal with chemical dependency problems. We cannot afford to throw away nurses by firing or having punitive measures to deal with these problems. When they aren't working they cannot afford treatment. Good treatment is important, as is a monitoring contract after return to work, possibly with testing at that time. Support groups in the workplace can be difficult as recovering individuals often want anonymity.

Counseling Services: Denial about problems is very strong among the student populations because of the norms. Ethnographic information would be very useful in terms of looking at the problem, the norms, and the subcultures surrounding use.

Section II: Task Force on Alcohol and Other Drugs Public Hearing on Prevention and Education, December 4, 1990, Ann Arbor, Michigan

The second session focused on prevention and education issues, chaired by Ted Dielman, Ph.D., and Andrea Foote, Ph.D.

Residence Hall: A survey on drinking games in one residence hall elicited 44 different games from 45 persons.

Greek System: After a meeting with the national organizations, it was recognized that alcohol and alcohol abuse were the major problems faced by fraternities. There will be a vote to eliminate alcohol from the rush process and it will most likely pass. It would be important to prevent the concept that using alcohol is the major attraction for participation in the Greek system. They are working on self-regulation but believe that the University could use additional staff working on alcohol education. The IHC Council has some authority over the individual houses with respect to what activities they can participate in.

Department of Plant Operations: Wellness programs seem to be useful. Blood pressure checks once per year allow time to talk to each employee about health issues. A survey on topics employees would like to have short classes on found alcohol and drugs next to last in a listing of topics of interest.

Peer Counseling Program: Peer counselors give one hour programs once per year on residence hall floors by invitation from Resident Advisors. They indicated that the programs are well-received, particularly in talking about alcohol's effect on the body. A survey conducted in the residence halls found large percentages of students believed alcohol was a major problem on campus, and were concerned about their own risk. A significant number had alcohol problems in their families and believed that alcohol was an excuse to engage in sexual activity.

Counseling Services: Children of alcoholics are at increased risk for substance abuse problems and are represented with frequency among student populations. Many of these individuals are the responsible, flexible, high achievers who end up in good universities but emotionally, socially, and spiritually they have problems. When they leave home and begin to recognize problems, identifiable issues are raised, and there should be some way to resolve them. Students frequently report problems with relationships, with sleeping, with concerns about health, masking a problem with substance use. ACOA support groups are available and very popular. There should be more information disseminated throughout campus on what services are available.

University Risk Management Office: The areas of liability that the office perceives as affected by trends in alcohol and drug use on campus include worker's compensation, property damage, theft, auto claims, directors and officers coverage, and medical, professional liability. It also indemnifies the University under the host liquor licensing state regulations. For most of these, the University is self-insured. The Office recommends that the Task Force attempt to define procedures, policies and accountability, with a program of education and prevention targeting employees at all levels, with an emphasis on managers and supervisors who may first identify a problem. Also of concern is the selling and serving events on or off campus. Training of servers is important in liability. A clear policy on the use of University vehicles would also be helpful.

City Anti-Drug Task Force: The University "party" atmosphere seriously affects younger children, especially high school age, who wish to participate and can find parties in fraternities and campus housing. Also, the perceived lack of concern about marijuana use, including the annual "Hash Bash," promote a climate difficult for youth. Alcohol and drugs are too easy to come by in the community. It is important to get data on problems. Entering students should be surveyed and educated. Residence hall policies should be strengthened and enforced.

Health Services: The majority of students who present at Health Services are concerned about alcohol or smoking. There is no monitoring of those students who drop out of school and why. There needs to be a system of professional assessment for those who present with problems.

Lesbian/Gay Male Programs Office: Don't overlook that some people drink not just to party but to "numb out," or self-medicate. With lesbians and gay males, there appears to be a shroud of silence over the University and a need to keep identities a secret. Treatment and support efforts should be sensitive to the need for a safe environment for this population.

Staff Member/Mother of Recovering 18-year-old son: Denial is a major factor when looking at apparently achieving students. Her son's pusher was a University student. Sales to minors are easy. The liberal intellectualism of the community is enabling. This is an unsafe environment for recovering persons, with no organized support for them. The pot law fine is (or was at the time of this hearing) less than the skateboarding fine. Do not promote and model use, but promote and model recovery or responsible behavior.

Eastern Michigan University: At EMU there are several classes on substance abuse and related issues available to students. This is not as extensive at UM.

Citizen/staff person: The Regents should take very seriously the recommendations from the Task Force and send a strong message about the toleration of use on campus.

Section III: Task Force on Alcohol and Other Drugs Public Hearing on Identification and Intervention, December 11, 1989, Ann Arbor, Michigan.

The third session focused on identification and intervention, and was chaired by Frederic Blow, Ph.D., and Carol Boyd, Ph.D.

UM Alcohol Program: The University hospital has adult inpatient and outpatient treatment programs which should be seen as a resource. In the past they have not received many University referrals. Confidentiality may be an issue. There is no adolescent treatment program.

University Health Services: To date, resources to deal with substance abuse on campus have been limited and fragmented. There is little continuity or accountability. There should be consolidation of intake, evaluation, treatment, prevention and education.

Nurse Peer Assistance Network: Identification of nurses with chemical dependencies is different than with other populations as they are more often solitary users, beginning as adults, and continue to try to meet work responsibilities. Demerol is often the drug of choice. Losing the license is a major risk. By the time the nurse diverts drugs from the unit, the disease is pretty far along.

Faculty and Staff Assistance Program: Since 1977, 650 cases of alcohol and drug use have been seen. Two-thirds are alcohol. Actual incidence of alcohol and other drugs in the workforce is unknown, but it is realistic to estimate that 10-12 percent of the workforce will have a problem. About five percent will have an addiction problem requiring assistance. A conservative estimate would mean that 1200-1500 individuals on campus would need identification and intervention assistance at any given time, more if family problems are considered. In the past, the approach was corrective and punitive rather than rehabilitative. Current policy is problematic in that it does not set out a clear standard for the use of alcohol or draw a line so that everyone knows what is expected. The individual supervisor or chairperson has the discretion to intervene. Individuals are usually identified after a problem as developed. Supervisory personnel should be trained to catch early signs and symptoms and refer. Insurance plans have limited coverage for substance abuse services. Drug testing should be used only as part of an aftercare regimen for those in rehabilitation. Faculty members are not being helped to any significant degree due to denial and enabling. Studies have shown there is a significant cost savings in absenteeism.

Transportation Research Center: Alcohol is a factor in more serious and fatal injuries. There is no protocol at the UM Hospital for intervening with regard to the alcohol involvement of an injured patient although blood alcohol levels are taken from all trauma patients. It is recommended that patients with alcohol involvement contributing to their medical problem be channeled into evaluation and possibly treatment. The Emergency Department should be given priority to initiate. Drug screening is more expensive and not routinely done.

Counseling Services: For students, if they have developed a medical or psychological difficulty, it is probably too late for early intervention. Getting the attention of parents is complicated by the fact that many parents are also dependent. We need to draw a clearer line around what is and isn't okay, and support those who are the responsible majority and want to help friends. Must have norms, i.e. zero-one-three rule (zero drinks where illegal or dangerous such as pregnant, addicted, under 21 or driving; one drink per hour; maximum of three drinks in any setting). Very rarely do students identify with an alcohol problem but once you look at other problems it emerges. There are a large number of consequences for students. Intervention requires a wide range of approaches. Day treatment programs are needed for students. Universities with half the resources are doing more in this area than UM. Getting students to treatment, with their concerns about confidentiality, and their complicated insurance situations, is problematic.

Faculty members: Expressed support for efforts as alcohol is a significant problem on campus as judged through their anecdotal experiences.

Coordinating Project on Women, Alcohol and Other Drugs: Women suffer more stigma so there may be more hiding; may have more to lose. Pressures in the workplace can be different for women. More underemployment, need to "keep up with the guys." Prescription drug abuse is more common. Women have physical consequences faster. We need prevention messages specially targeted to women. We need to develop a positive, drug-free culture from the top down.

Institute for Labor and Industrial Relations: Employee assistance programs are very important in dealing with alcohol and drug abuse problems in the workplace. Training of supervisors is an important component. The University has a good EAP, FASAP, and it should be supported with the necessary resources. In addition, there are the seeds of a good wellness program which may be helpful with early detection of problems, and its expansion should be supported.

Athletic Department: Coaches are provided with information, and assisted with coming to grips with their own ideas around alcohol and drug issues and taught about identification. Teams are assisted in understanding the demands placed upon them and establishing behavioral goals. Drug testing is part of the program for the men's football and basketball teams to identify those using illegal and performance enhancing drugs.

UM Nurse with UM student son in recovery: When her son was recovering, it was difficult to find a safe place in the dorms, but there was tremendous denial about the amount of drinking going on there. Alcohol is often served in University buildings for professors, physicians, and management but not for other workers. In faculty recruiting, alcohol is even reimbursed, yet it is considered intolerable among other employees. Employees often know about drinking problems among colleagues but not what to do about them.

Emergency Room Nurse: Emergency Room staff could be useful in student orientation speaking about the effects of excessive use.

Recovering Nurse now Graduate Student: UM hospital doesn't pay appropriate attention to alcohol problems in patients. There is little support for dealing with these problems sensitively. We must address the spiritual dimension of the problem.

Housing: Please relieve us of trying to counsel people who are afraid to talk to us for fear of getting into trouble. Please avoid endorsing any particular culture's point of view forcing students to choose between rules and their ethnic culture. Please provide real alternatives,. i.e. counseling versus enforcing. Provide real and attractive social opportunities, including for lesbian, gay and bisexual people. Support the weekly support groups already meeting.

Women's Basketball Coach: Players need to understand that they have to be accountable for their actions, in terms of representing the team and the institution. They stress personal development and working on the whole person. There is a freshman transitional program where they meet with a counselor twice in the fall. He supports a University-wide policy.

Interfraternity Council Coordinator: Alumni who own the buildings have not properly managed the activities taking place. Until recently, the national chapters have not emphasized liability. The University needs a standard, a code of conduct, or some level of expectation for the student. There are problems with the Greek system and they are being addressed although sometimes the actions are not taken seriously. The national chapters and alumni boards will stand behind efforts to control alcohol and drug use. We must empower the responsible.

Citizen who works in the public defender office: The criminal justice system isn't curing the drug problem. Addressing problems at the University must be based on harm reduction rather than crusading morality based in ignorance and rhetoric. He advises being specific about which drug you are addressing and not lumping them together.

Appendix G
Executive Summary

Position Paper -- Alcohol and Other Drug Testing: Status, Issues and Recommendations

This paper considers the examination of bodily parts and fluids to detect past use or the presence of substances (alcohol and other legal or illegal drugs). Alcohol and drug testing is controversial, complex, and shifting because of changing legal opinions and advancing technologies. The use of testing has varied applications depending on the target population. The use of testing as mandated by federal regulations or for rehabilitation may have some utilization in university populations. Research demonstrating the effectiveness of testing in the prevention of problems is inconsistent and incomplete. Testing may provide a means to deter or identify those with problems but should not be assumed to address those problems. The Task Force on Alcohol and Other Drugs recommended that further consideration be given to investigating testing prior to its application and that there be only very limited use. The paper outlines questions to be considered prior to implementation and what a model testing program might be.

Appendix H
Executive Summary

Focus Groups for Student Input

Several focus groups were held to get student feedback on the Task Force report and activities. While students were part of the Task Force, because of schedules and the two year process, continuing student input wasn't always at optimal levels. The discussion groups were held to consider student concerns, issues and suggestions raised by the report.

Issues arising from the discussions included the need for units to have ownership over their policies for them to be effective. There were concerns about discrimination in how policies are applied. There were many questions about "reach," especially about enforcement, and the muddling of legal issues and well-being concern. The students expressed a desire for very clear cut explanations of the reach of policies. Most believed that no policy would work without enforcement. Designated resource persons for each student group was recommended, to help students access resources.

Faculty as role models were an important issue in terms of ambiguity of messages. Changing the climate was believed to be very difficult.

There is a strong need for alternative social activities, such as U-Club nights that are alcohol-free. If the University really wants to create a new environment, it should put some money into such activities. There is more needed in prevention, intervention and treatment. A central organization focused on this issue would be useful as well as insurance coverage.

Orientation is a good time to reach new students and their parents regarding alcohol use on campus. The Greek leadership must be involved for any progress in that system.

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